2026 Rates - AB528

(All rates are without the 2% COBRA administration charge)

Note: These rates are effective January 1, 2026 and will be updated for January 1, 2027

Medical Plans	Under 65		65 and Over			
	Single Coverage	Member + 1	Single Coverage	Member + 1	Single Coverage	Member + 1
			With Medicare A and B		With Medicare B only	
Kaiser	1,968.71	3,937.42	246.47	492.94	556.88	1,113.76
Health Net[1]	2,110.79	4,221.62	390.90	781.80	N/A	N/A
*Anthem HMO Select in CA[2]	1,219.53	2,439.07	N/A	N/A	N/A	N/A
*Anthem EPO E3 in CA[3]	2,242.73	4,485.45	N/A	N/A	N/A	N/A
*Anthem EPO E3 Out of CA - Under 65[3]	2,242.73	4,485.45	N/A	N/A	N/A	N/A
*Anthem EPO E3 In CA and Out of CA - Over 65[3]	N/A	N/A	1,423.11	2,846.21	1,612.60	3,225.20

Dental Plans	Premium same for under and over 65	
	Single Coverage	Member + 1
Aetna Dental PPO	52.58	100.32
Delta Dental HMO	15.26	29.33
Western Dental HMO	11.03	21.41

Vision Plans	Premium same for under and over 65	
	Single Coverage	Member + 1
VSP Select Network	3.53	7.08
EyeMed Vision Care	4.22	7.97

[1] In order to enroll in the Health Net Plan, members must have Medicare Parts A and B

[2] Includes Capitation and estimated claims cost (including hearing aid benefit)

[3] Includes estimated claims cost (including hearing aid benefit)

*All Anthem premiums include prescription and mental health benefits costs

NOTE: We are providing tiered COBRA rates as requested by the District and provided by the Carriers.