2026 COBRA Monthly Rates

COBRA self-pay rates are subject to change every year for an effective date of January 1st. Coverage will be provided only as required by law. If the law changes, your rights will change accordingly. The cost of COBRA Continuation Coverage may be subject to future change during the period it remains in effect. A change in your plan, residence or family members will result in a change in your rate.

California Residents

BENEFIT TYPE	Regular Rates			Disabled COBRA Rates		
	One Participant	Participant + One Dependent	Participant + Two or More Dependents	One Participant	Participant + One Dependent	Participant + Two or More Dependents
CORE: Hospital, medical and prescription drug coverage only						
Anthem Blue Cross PPO	$1,112.38	$2,028.06	$3,092.35	$1,635.85	$2,982.44	$4,547.57
Kaiser Permanente HMO	$840.37	$1,687.85	$2,602.86	$1,235.83	$2,482.13	$3,827.73
Health Net HMO	$1,044.64	$2,030.07	$2,930.00	$1,536.23	$2,985.39	$4,308.82
NONCORE: Hospital, medical, prescription drug, vision and Delta Dental PPO						
Anthem Blue Cross PPO	$1,161.74	$2,121.20	$3,256.51	$1,708.44	$3,119.41	$4,788.98
Kaiser Permanente HMO	$889.73	$1,788.58	$2,744.42	$1,308.42	$2,630.26	$4,035.91
Health Net HMO	$1,094.00	$2,123.21	$3,094.16	$1,608.82	$3,122.36	$4,550.23
NONCORE: Hospital, medical, prescription drug, vision and Delta Care USA DMO						
Anthem Blue Cross PPO	$1,134.01	$2,070.85	$3,170.25	$1,667.66	$3,045.36	$4,662.13
Kaiser Permanente HMO	$862.00	$1,730.64	$2,680.76	$1,267.64	$2,545.05	$3,942.29
Health Net HMO	$1,066.27	$2,072.86	$3,007.90	$1,568.04	$3,048.32	$4,423.38

Residents Outside of California

CORE: Hospital, medical and prescription drug coverage only						
Anthem Blue Cross National PPO	$967.42	$1,833.29	$2,954.13	$1,422.67	$2,696.01	$4,344.30
Oxford POS (NY, NJ, CT only)	$1,357.36	$2,376.74	$3,680.82	$1,996.11	$3,495.20	$5,412.97
NONCORE: Hospital, medical, prescription drug, vision and Delta Dental PPO						
Anthem Blue Cross National PPO	$1,016.78	$1,926.43	$3,118.29	$1,495.26	$2,832.98	$4,585.72
Oxford POS (NY, NJ, CT only)	$1,406.72	$2,469.88	$3,844.98	$2,068.70	$3,632.17	$5,654.38

Note: The disabled COBRA rates reflect the 150% premium for disabled qualified beneficiaries who elect to extend their COBRA coverage beyond 18 months. This list of rates is provided for reference purposes and is not exhaustive, if you have a question about your rate please call 855-275-4674.