

YOUR MONTHLY COBRA MEDICAL COSTS

July 1, 2026 thru
Jun 30, 2027

Blue Shield EPO Plan (CA Only)		Monthly
Employee Only		\$1,560.92
Employee + Spouse		\$3,121.83
Employee + Children		\$2,809.65
Employee + Family		\$4,370.57
Blue Shield Standard PPO Plan		Monthly
Employee Only		\$1,458.03
Employee + Spouse		\$2,916.05
Employee + Children		\$2,624.44
Employee + Family		\$4,082.48
Blue Shield Choice PPO Plan		Monthly
Employee Only		\$1,133.46
Employee + Spouse		\$2,266.93
Employee + Children		\$2,040.23
Employee + Family		\$3,173.70
Blue Shield HDHP Plan		Monthly
Employee Only		\$1,051.52
Employee + Spouse		\$2,102.80
Employee + Children		\$1,892.74
Employee + Family		\$2,958.50

YOUR DENTAL & VISION MONTHLY COSTS

July 1, 2026 thru
Jun 30, 2027

DELTA DENTAL PPO		Monthly
Employee Only		\$57.65
Employee + Spouse		\$101.48
Employee + Children		\$98.49
Employee + Family		\$151.64
DELTA DENTAL DHMO (CA ONLY)		Monthly
Employee Only		\$31.42
Employee + Spouse		\$52.05
Employee + Children		\$51.79
Employee + Family		\$74.66
VISION VSP		Monthly
Employee Only		\$9.92
Employee + Spouse		\$22.82
Employee + Children		\$18.35
Employee + Family		\$32.74