



# COBRA RATE SHEET

## PLAN YEAR 2020

To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about any health coverage option in a standard format. The SBC is available on the web at [www.co.fresno.ca.us/summarybenefits](http://www.co.fresno.ca.us/summarybenefits). A paper copy is also available, free of charge, by calling Employee Benefits at (559) 600-1810.

### MONTHLY FEDERAL COBRA PREMIUMS

	PLAN 1		PLAN 2		PLAN 3	
Medical/Mental Health	Kaiser Permanente HMO		Anthem Blue Cross EPO		Anthem Blue Cross PPO 250	
Prescription	Kaiser Permanente		EmpiRx		EmpiRx	
Vision	Kaiser Permanente		Vision Service Plan (VSP)		Vision Service Plan (VSP)	
Dental Plans	Delta Dental DPPO	DeltaCare or USA DHMO	Delta Dental DPPO	DeltaCare or USA DHMO	Delta Dental DPPO	DeltaCare or USA DHMO
	PARTICIPANT COST		PARTICIPANT COST		PARTICIPANT COST	
Participant Only	\$943.05	\$919.18	\$943.05	\$919.18	\$1,286.75	\$1,262.88
Participant + Spouse	\$1,688.00	\$1,654.58	\$1,688.00	\$1,654.58	\$2,658.63	\$2,625.21
Participant + Child(ren)	\$1,481.14	\$1,458.87	\$1,481.14	\$1,458.87	\$2,407.22	\$2,384.94
Participant + Family	\$2,218.13	\$2,184.72	\$2,218.13	\$2,184.72	\$3,659.76	\$3,626.34
	PLAN 4		PLAN 5		PLAN 6	
Medical/Mental Health	Anthem Blue Cross PPO 1000		Anthem Blue Cross HDPPPO 1500		Anthem Blue Cross HDP-PO 3000	
Prescription	EmpiRx		Anthem Blue Cross		Anthem Blue Cross	
Vision	Vision Service Plan (VSP)		Vision Service Plan (VSP)		Vision Service Plan (VSP)	
Dental Plans	Delta Dental DPPO	DeltaCare or USA DHMO	Delta Dental DPPO	DeltaCare or USA DHMO	Delta Dental DPPO	DeltaCare or USA DHMO
	PARTICIPANT COST		PARTICIPANT COST		PARTICIPANT COST	
Participant Only	\$974.88	\$951.01	\$890.54	\$866.67	\$740.97	\$717.10
Participant + Spouse	\$2,003.06	\$1,969.64	\$1,826.43	\$1,793.02	\$1,525.70	\$1,492.28
Participant + Child(ren)	\$1,813.70	\$1,791.43	\$1,654.58	\$1,632.31	\$1,369.76	\$1,347.48
Participant + Family	\$2,755.96	\$2,722.54	\$2,510.91	\$2,477.50	\$2,074.92	\$2,041.51

### MONTHLY CAL-COBRA PREMIUMS

CAL COBRA excludes dental & vision. The County does not offer separate dental or vision coverage.

	Participant Only	Participant + Spouse	Participant + Child(ren)	Participant + Family
Kaiser Permanente HMO	\$960.39	\$1,731.16	\$1,520.09	\$2,278.85
Anthem Blue Cross EPO	\$951.81	\$1,715.71	\$1,504.65	\$2,256.54
Anthem Blue Cross PPO 250	\$1,322.46	\$2,762.47	\$2,503.36	\$3,811.24
Anthem Blue Cross PPO 1000	\$986.13	\$2,055.48	\$1,863.29	\$2,836.55
Anthem Blue Cross HDPPPO 1500	\$895.18	\$1,865.01	\$1,691.69	\$2,572.28
Anthem Blue Cross HDPPPO 3000	\$733.88	\$1,540.68	\$1,384.53	\$2,102.10