



2026 Monthly COBRA Premium Rates



Health Net CanopyCare HMO

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|---------------------|------------|
| Employee Only | \$805.70 |
| Employee +1 | \$1,605.31 |
| Employee +2 or More | \$2,268.95 |

Kaiser Permanente HMO

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|---------------------|------------|
| Employee Only | \$989.01 |
| Employee +1 | \$1,971.93 |
| Employee +2 or More | \$2,787.72 |

Blue Shield of California Trio HMO

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|---------------------|------------|
| Employee Only | \$1,102.99 |
| Employee +1 | \$2,199.87 |
| Employee +2 or More | \$3,110.30 |

Blue Shield of California Access+ HMO

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|---------------------|------------|
| Employee Only | \$1,290.68 |
| Employee +1 | \$2,575.26 |
| Employee +2 or More | \$3,641.47 |

Blue Shield of California PPO

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|---------------------|------------|
| Employee Only | \$1,516.77 |
| Employee +1 | \$2,940.49 |
| Employee +2 or More | \$4,154.34 |

VSP Premier

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|---------------------|---------|
| Employee Only | \$12.11 |
| Employee +1 | \$18.47 |
| Employee +2 or More | \$37.76 |

Health Equity | Wage Works

Your dental COBRA is administered by **Health Equity**. You should receive the COBRA notification packet from Health Equity within **45 days** after your termination date.

Contact: mybenefits.wageworks.com (877) 722-2667.