

2026 Monthly COBRA Premium Rates

Health Net CanopyCare HMO

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

Kaiser Permanente HMO

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

Blue Shield of California Trio HMO

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

Blue Shield of California Access+ HMO

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

Blue Shield of California PPO

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

Delta Dental PPO

Employee Only	\$64.31
Employee +1	\$135.06
Employee +2 or More	\$192.93

DeltaCare USA DHMO

Employee Only	\$27.01
Employee +1	\$44.55
Employee +2 or More	\$65.90

UnitedHealthcare Dental DHMO

Employee Only	\$25.49
Employee +1	\$42.10
Employee +2 or More	\$62.24

VSP Premier

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

Flexible Spending Accounts and COBRA

To continue FSA benefits under COBRA, year-to-date FSA contributions must exceed year-to-date claims as of your employment termination date. To keep your FSA open, apply under COBRA and continue making the biweekly contribution plus a 2% administrative charge. COBRA Flexible Spending Account contributions are post-tax.

Termination of COBRA Continuation Coverage

COBRA coverage will end if:

- You obtain coverage under another group plan
- You fail to pay the premium required under the plan within the grace period
- The applicable COBRA period ends

Covered California: Alternative to COBRA

Individuals who are not eligible for SFHSS coverage should consider obtaining health insurance through the state insurance exchange, Covered California.

In some cases, you may qualify for tax credits and other assistance to make health insurance more affordable.

For information about Covered California health plans, call **(800) 300-1506** or visit coveredca.com.

Holdover Rights

Employees who are placed on a holdover roster may be eligible to continue SFHSS medical, dental and vision coverage for themselves and covered dependents. Eligibility requirements include:

1. Employees must certify annually that they are unable to obtain other health coverage.
2. Holdover premium contributions must be paid by the due date listed on the Health Coverage Calendar. Rates may increase each plan year.