SFUSD Employees

2027 Monthly COBRA Premium Rates

Health Net CanopyCare HMO	
Employee Only	$953.10
Employee +1	$1,900.09
Employee +2 or More	$2,686.08
Kaiser Permanente HMO	
Employee Only	$1,060.02
Employee +1	$2,113.95
Employee +2 or More	$2,988.69
Blue Shield of California Trio HMO	
Employee Only	$1,220.48
Employee +1	$2,434.88
Employee +2 or More	$3,442.83
Blue Shield of California Access+ HMO	
Employee Only	$1,517.40
Employee +1	$3,028.72
Employee +2 or More	$4,283.12
Blue Shield of California PPO	
Employee Only	$1,866.98
Employee +1	$3,619.94
Employee +2 or More	$5,114.58
VSP Premier	
Employee Only	$12.43
Employee +1	$19.01
Employee +2 or More	$38.76

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**.