



2027 Monthly COBRA Premium Rates



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

Health Net CanopyCare HMO

Employee Only	\$953.10
Employee +1	\$1,900.09
Employee +2 or More	\$2,686.08

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.