2027 COBRA Rates

CalPERS Health Plans				
Plan Code	Plan Name	2027 Monthly COBRA Premium		
		1 Party	2 Party	3 Party
181	Anthem Blue Cross Select HMO	$1,239.39	$2,478.78	$3,222.41
180	Anthem Blue Cross Traditional HMO	$1,505.16	$3,010.33	$3,913.42
141	Blue Shield Access+ HMO	$1,230.42	$2,460.83	$3,199.08
191	Blue Shield Access+ EPO (Restricted to certain counties)	$1,230.42	$2,460.83	$3,199.08
471	Blue Shield TRIO HMO	$990.66	$1,981.33	$2,575.72
184	Health Net Salud Y Mas HMO	$873.05	$1,746.10	$2,269.93
056	Kaiser Permanente (CA) HMO	$1,147.65	$2,295.31	$2,983.90
varies	Kaiser Permanente Out-of-State HMO	$1,532.16	$3,064.32	$3,983.62
671	Kaiser Permanente Nevada HMO	$1,374.83	$2,749.65	$3,574.55
645	PERS Platinum PPO	$1,655.56	$3,311.12	$4,304.46
642	PERS Gold PPO	$1,142.34	$2,284.68	$2,970.08
207	PORAC PPO	$999.60	$2,014.50	$2,621.40
189	Sharp (Restricted to San Diego County) HMO	$994.71	$1,989.43	$2,586.26
678	Sutter Health HMO (Restricted to certain counties)	$1,153.28	$2,306.57	$2,998.53
176	Western Health Advantage HMO (Restricted to Bay Area, Sacramento, and other Northern regions)	$1,051.42	$2,102.83	$2,733.68

CSU 2027 Dental Plans

Delta Dental PPO - Indemnity Plan				
Dental Plan	Group Number	Eligible Group	Enrollment	Monthly COBRA Premium
Delta Basic	4918-2091	Excluded (E99) CalPERS Annuitants CalSTRS Annuitants	Single Person Two People Three or More	$32.25 $60.91 $122.32
Delta Enhanced Level I	4918-3091	Teaching Associates (Unit 11) English Language Program Instructors (Unit 13)	Single Person Two People Three or More	$39.23 $74.23 $153.04
Delta Enhanced Level II	4918-4091	Executive (M98) Management Personnel Plan (M80) Confidential (C99) Physicians (Unit 1) CSUEU (Units 2, 5, 7, 9) Faculty (Unit 3) Academic Support (Unit 4) Teamsters (Unit 6) Public Safety (Unit 8) CMA Operating Engineers (Unit 10) FERP Annuitants	Single Person Two People Three or More	$48.56 $91.64 $179.02

DeltaCare USA (California residents only)				
Dental Plan	**Group Number**	**Eligible Group**	**Enrollment**	**Monthly COBRA Premium**
DeltaCare USA Basic	72034-0011	Excluded (E99) Teaching Associates (Unit 11) English Language Program Instructors (Unit 13) CalPERS Annuitants CalSTRS Annuitants	Single Person Two People Three or More	$19.23 $31.70 $46.89
DeltaCare USA Enhanced	72034-0012	Executive (M98) Management Personnel Plan (M80) Confidential (C99) Physicians (Unit 1) CSUEU (Units 2, 5, 7, 9) Faculty (Unit 3) Academic Support (Unit 4) Teamsters (Unit 6) Public Safety (Unit 8) CMA Operating Engineers (Unit 10) FERP Annuitants	Single Person Two People Three or More	$25.54 $42.16 $62.34

CSU 2027 Vision Plan – Actives and FERPs

The monthly premium rates for COBRA vision coverage through VSP are listed below.

Enrollment	Actives		FERPs
	Basic (Group # 30059426)	Premier (Group # 30077022)	Premier (Group # 30077315)
	Monthly Premium	Monthly Premium	Monthly Premium
One Person	$7.09	$12.26	$12.26
Two People	$7.09	$24.52	$24.52
Three or More	$7.09	$39.46	$39.46

CSU 2027 Voluntary Vision Plan – Retirees

The monthly premium rates for COBRA vision coverage through VSP are listed below.

Enrollment	Retirees	
	Basic (Group # 30059425)	Premier (Group # 30078083)
	Monthly Premium	Monthly Premium
One Person	$5.20	$15.09
Two People	$9.49	$28.18
Three or More	$10.17	$30.23