

Human Resources
 5150 N. Maple Ave
 Fresno, CA 93740
 559.278.2032

COBRA MONTHLY COVERAGE RATES Rates Effective January 1, 2024 to December 31, 2024

MEDICAL PLANS			
Plan Name	1-Party	2-Party	Family
Anthem Select HMO	\$944.08	\$1,888.16	\$2,454.61
Anthem Traditional HMO	\$1,221.90	\$2,443.80	\$3,176.93
Blue Shield Access + HMO	\$910.34	\$1,820.68	\$2,366.88
Kaiser Permanente (CA) HMO	\$983.43	\$1,966.87	\$2,556.93
PERS Gold PPO	\$876.50	\$1,752.99	\$2,278.89
PERS Platinum PPO	\$1,240.19	\$2,480.37	\$3,224.49
PORAC PPO (Public Safety Only)	\$870.06	\$1,742.16	\$2,264.40
United Healthcare HMO	\$900.64	\$1,801.28	\$2,341.67
DENTAL PLANS			
Delta Dental -Basic PPO	\$31.06	\$58.67	\$117.80
Delta Dental Level I	\$37.78	\$71.48	\$147.38
Delta Dental Level II	\$46.77	\$88.25	\$172.41
Delta Care USA Basic	\$19.23	\$31.70	\$46.89
Delta Care USA Enhanced	\$25.54	\$42.16	\$62.34
Vision Service Plan (VSP)			
Basic	\$7.09	\$7.09	\$7.09
Premier	\$11.20	\$22.40	\$36.07