

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

COBRA MONTHLY COVERAGE RATES Rates Effective January 1, 2025 to December 31, 2025

| MEDICAL PLANS | | | |
|--------------------------------|------------|------------|------------|
| Plan Name | 1-Party | 2-Party | Family |
| Anthem Select HMO | \$1,042.14 | \$2,084.29 | \$2,709.58 |
| Anthem Traditional HMO | \$1,335.25 | \$2,670.50 | \$3,471.65 |
| Blue Shield Access + HMO | \$985.18 | \$1,970.35 | \$2,561.46 |
| Kaiser Permanente (CA) HMO | \$1,066.10 | \$2,132.21 | \$2,771.87 |
| PERS Gold PPO | \$962.57 | \$1,925.15 | \$2,502.69 |
| PERS Platinum PPO | \$1,362.01 | \$2,724.01 | \$3,541.22 |
| PORAC PPO (Public Safety Only) | \$911.88 | \$1,824.78 | \$2,371.50 |
| United Healthcare HMO | \$980.58 | \$1,961.15 | \$2,549.50 |
| 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 | \$12.26 | \$24.52 | \$39.46 |