FRESNO STATE

COBRA
MONTHLY COVERAGE RATES
Rates Effective January 1, 2027 to December 31, 2027

MEDICAL PLANS			
Plan Name	**1-Party**	**2-Party**	**Family**
Anthem Select HMO	$1,239.39	$2,478.78	$3,222.41
Anthem Traditional HMO	$1,505.16	$3,010.33	$3,913.42
Blue Shield Access + HMO	$1,230.42	$2,460.83	$3,199.08
Kaiser Permanente (CA) HMO	$1,147.65	$2,295.31	$2,983.90
PERS Gold PPO	$1,142.34	$2,284.68	$2,970.08
PERS Platinum PPO	$1,655.56	$3,311.12	$4,304.46
PORAC PPO (Public Safety Only)	$999.60	$2,014.50	$2,621.40
DENTAL PLANS			
Delta Dental -Basic PPO	$32.25	$60.91	$122.32
Delta Dental Level I	$39.23	$74.23	$153.04
Delta Dental Level II	$48.56	$91.64	$179.02
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