

2025 Monthly COBRA Rates

ANTHEM Medical

	Single	Employee & Spouse	Employee & Child(ren)	Family
Max Deductible	\$720.36	\$1717.86	\$1254.05	\$2327.13
High Deductible	\$784.66	\$1871.18	\$1365.98	\$2534.82
Medium Deductible	\$832.75	\$1985.89	\$1449.73	\$2690.25
Lowest Deductible	\$872.99	\$2081.86	\$1519.77	\$2820.22

ANTHEM Medical - AFSCME

	Single	Employee & Spouse	Employee & Child(ren)	Family
Max Deductible	\$720.36			\$2075.16
High Deductible	\$784.66			\$2260.59
Medium Deductible	\$832.75			\$2399.06
Lowest Deductible	\$872.99			\$2514.86

Delta Dental

	Single	Employee & Spouse	Employee & Child(ren)	Family
High Plan	\$35.71	\$76.00	\$85.15	\$135.26
Low Plan	\$20.60	\$40.93	\$55.40	\$85.15

ANTHEM Vision

	Single	Employee & Spouse	Employee & Child(ren)	Family
Anthem Vision	\$6.26	\$11.32	\$12.14	\$18.39

