



COBRA Premium/Rates

Medical Rates for January 1, 2026, to December 31, 2026

Plan Code	Plan Name	2026 Monthly COBRA Premium		
		Emp.	EE + 1	EE + 2
181	Anthem Blue Cross Select HMO	\$1,112.80	\$2,225.60	\$2,893.28
180	Anthem Blue Cross Traditional HMO	\$1,400.39	\$2,800.78	\$3,641.01
141	Blue Shield Access+	\$1,110.29	\$2,220.58	\$2,886.75
191	Blue Shield Access+ EPO (Restricted to certain counties)	\$1,110.29	\$2,220.58	\$2,886.75
471	Blue Shield TRIO (Restricted to certain counties)	\$955.31	\$1,910.62	\$2,483.81
184	Health Net Salud y Mas	\$804.91	\$1,609.83	\$2,092.77
056	Kaiser Permanente (CA)	\$1,119.90	\$2,239.80	\$2,911.73
varies	Kaiser Permanente Out-of-State*	\$1,426.94	\$2,853.88	\$3,710.05



645	PERS Platinum	\$1,542.37	\$3,084.75	\$4,010.17
642	PERS Gold	\$1,064.24	\$2,128.47	\$2,767.02
207	PORAC**	\$993.48	\$1,989.00	\$2,584.68
189	Sharp (San Diego County)	\$934.52	\$1,869.05	\$2,429.76
187	UnitedHealthcare Alliance HMO	\$1,069.12	\$2,138.25	\$2,779.72
319	UnitedHealthcare Harmony HMO	\$939.24	\$1,878.47	\$2,442.01
176	Western Health Advantage (Bay Area, Sacramento, and other Northern regions)	\$988.97	\$1,977.94	\$2,571.33

*These premiums cover all regions of Kaiser out-of-state.

**Restricted to employees in Unit 8, State University Police Association (SUPA).



Delta Dental PPO Indemnity Plan - COBRA Rates For 2026

Plan Level	Eligible Employee Category	Party Designation	Monthly COBRA Premium (102%)*
Basic 4918-2091	Excluded (E99) CalPERS Annuitants, and CalSTRS Annuitants	Single Person	\$31.65
		Two People	\$59.78
		Three or More	\$120.03
Enhanced Level I 4918-3091	Teaching Associates (Unit 11) English Language Program Instructors (Unit 13)	Single Person	\$38.48
		Two People	\$72.84
		Three or More	\$150.18
Enhanced Level II 4918-4091	Physicians (Unit 1), Faculty (Unit 3), CSUEU (Units 2,5,7,9), Academic Support (Unit 4), Teamsters (Unit 6), Public Safety (Unit 8), CMA Operating Engineers (Unit 10), Confidential (C99), Management Personnel Plan (M80), Executives (M98), FERP Annuitants	Single Person	\$47.65
		Two People	\$89.92
		Three or More	\$175.68



Vision Service Plan (VSP) - COBRA Rates For 2026

Actives

	Basic (Group #30059426)	Premier (Group #30077022)	FERPs (Premier Group #30077315)
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

Retire

	Basic (#30059425)	Premier (#30078083)
One Person	\$5.20	\$15.09
Two People	\$9.49	\$28.18
Three or More	\$10.17	\$30.23

*COBRA premium rates are paid for by the participant. The CSU does not pay any portion of the COBRA premium. Please note, vision COBRA Rates are effective through December 31, 2026,.