

## COBRA Rates 2026

COBRA premium rates are paid by the participant. The CSU does not pay any portion of the COBRA premium. Rates are calculated at 102%.

### CalPERS Health Plans - COBRA Group Continuation Coverage For 2026

Plan Code	Plan Name	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	Emp.	EE + 1	EE + 2
Basic 4918-2091	Excluded (E99) CalPERS Annuitants, and CalSTRS Annuitants	\$31.65	\$59.78	\$120.03
Enhanced Level I 4918-3091	Teaching Associates (Unit 11) English Language Program Instructors (Unit 13)	\$38.48	\$72.84	\$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	\$47.65	\$89.92	\$175.68

## DeltaCare USA Prepaid HMO Plan - COBRA Rates For 2026

Plan Level	Eligible Employee Category	Emp.	EE + 1	EE + 2
Basic 72034-0011	CMA Operating Engineers (Unit 10), Excluded (E99), Teaching Associates (Unit 11), CalPERS Annuitants, CalSTRS Annuitants, English Language Program Instructors (Unit 13)	\$19.23	\$31.70	\$46.89
Enhanced 72034-0012	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 (M80), Executives (M98), FERP Annuitants	\$25.54	\$42.16	\$62.34

## Vision Service Plan (VSP) - COBRA Rates For 2026

Level	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

\*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.