The Aerospace Corporation *2026 Monthly COBRA Rates*				
Coverage/Plan/Tier	Single	EE + SP	EE + CH	Family
Medical/EAP				
Anthem Blue Cross EPO	$1,071.26	$2,354.45	$1,926.69	$3,316.83
Anthem Blue Cross PPO	$1,092.72	$2,401.68	$1,965.56	$3,383.37
Anthem Blue Cross Premier CDHP	$942.15	$2,065.69	$1,699.11	$2,890.44
Anthem Blue Cross Basic CDHP	$880.67	$1,935.14	$1,583.62	$2,725.98
Anthem Blue Cross California HMO	$1,071.26	$2,354.45	$1,926.69	$3,316.83
Kaiser Permanente (CA, MAS and CO)	$892.74	$1,961.68	$1,605.38	$2,763.39
Selman & Company Tricare Supplement	$70.81	$137.11	$137.11	$184.03
EAP Only (for eligible employees that waived medical coverage)	$1.95			
Dental				
Delta Dental DHMO	$17.24	$34.47	$40.49	$63.00
Delta Dental DPPO Basic	$40.01	$80.03	$92.04	$132.06
Delta Dental DPPO Premium	$56.10	$112.20	$129.03	$185.13
Vision Service Plan				
Vision Basic Plan	$9.64	$14.08	$16.55	$26.46
Vision Premium Plan	$16.94	$24.75	$29.14	$46.55