The Aerospace Corporation *2027 Monthly COBRA Rates*				
Coverage/Plan/Tier	Single	EE + SP	EE + CH	Family
Medical/EAP				
Anthem Blue Cross EPO	$1,186.86	$2,608.74	$2,134.75	$3,675.13
Anthem Blue Cross PPO	$1,210.64	$2,661.08	$2,177.60	$3,748.87
Anthem Blue Cross Premier CDHP	$1,063.45	$2,328.06	$1,921.85	$3,241.94
Anthem Blue Cross Basic CDHP	$975.68	$2,144.12	$1,754.60	$3,020.42
Anthem Blue Cross California HMO	$1,186.86	$2,608.74	$2,134.75	$3,675.13
Kaiser Permanente (CA, MAS and CO)	$882.46	$1,939.02	$1,586.83	$2,731.44
Selman & Company Tricare Supplement	$70.85	$137.15	$137.15	$184.07
EAP Only (for eligible employees that waived medical coverage)	$1.99	$1.99	$1.99	$1.99
Dental				
Delta Dental DHMO	$19.28	$38.55	$45.29	$70.45
Delta Dental DPPO Basic	$40.97	$81.95	$94.25	$135.22
Delta Dental DPPO Premium	$57.45	$114.88	$132.12	$189.56
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