

2020 COBRA Rates for Corrections Deputy

	Regence PPO & VSP Combined	Regence HDHP & VSP Combined	Kaiser HMO	Kaiser HDHP	Kaiser Dental	Delta Dental
SINGLE Total	\$851.51	\$735.29	\$722.51	\$476.97	\$77.64	\$43.43
TWO PARTY Total	\$1,685.18	\$1,453.99	\$1,445.01	\$953.97	\$155.28	\$81.95
FAMILY Total	\$2,380.79	\$2,055.53	\$2,167.52	\$1,430.94	\$232.95	\$126.81