

2020 COBRA rates for General County, Affiliate Agencies and SOG

	Regence PPO & VSP Combined	Regence HDHP & VSP Combined	Kaiser HMO	Kaiser HDHP	Kaiser Dental	Delta Dental
SINGLE						
Total	\$ 826.03	\$ 733.50	\$ 717.84	\$ 476.85	\$ 60.77	\$ 43.43
TWO PARTY						
Total	\$ 1,634.50	\$ 1,450.35	\$ 1,435.65	\$ 953.72	\$ 121.54	\$ 81.95
FAMILY						
Total	\$ 2,309.44	\$ 2,050.36	\$ 2,153.42	\$ 1,430.57	\$ 182.34	\$ 126.81