



COBRA Rates

Effective January 1, 2020

COBRA Monthly Rates

ACTIVE PLANS

MEDICAL

	Single	Two-Party	Family
Kern Legacy SHARE SELECT	\$ 228.81	\$ 442.18	\$ 653.82
Kern Legacy NETWORK PLUS	\$ 381.34	\$ 736.96	\$ 1,089.71
Kern Legacy MAX CHOICE	\$ 578.70	\$ 1,039.40	\$ 1,494.00
Kern Legacy CLASSIC CHOICE	\$ 983.76	\$ 1,779.74	\$ 2,566.36
Kaiser Permanente	\$ 539.75	\$ 1,030.91	\$ 1,462.72

DENTAL

Liberty Independence PPO dental	\$ 58.16	\$ 101.99	\$ 145.83
Liberty Cobalt Plus DHMO dental	\$ 25.38	\$ 50.25	\$ 76.11

VISION

Vision Service Plan (VSP)	\$ 6.31	\$ 9.73	\$ 13.11
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EXTRA HELP/TEMPORARY PLANS

Kern Legacy SHARE SELECT	\$ 228.80	\$ 442.18	\$ 653.82
Kern Legacy NETWORK PLUS	\$ 381.34	\$ 736.96	\$ 1,089.71
Kaiser Permanente Deductible Plan	\$ 383.09	\$ 731.70	\$ 1,038.16
Kaiser Permanente Traditional Plan	\$ 659.86	\$ 1,260.33	\$ 1,788.21

RETIREE PLANS

MEDICAL

Kern Legacy SHARE SELECT	\$ 564.06	\$ 1,101.60	\$ 1,707.48
Kern Legacy NETWORK PLUS	\$ 939.42	\$ 1,832.94	\$ 2,842.74
Kern Legacy MAX CHOICE	\$ 1,044.48	\$ 1,921.68	\$ 2,875.38
Kern Legacy CLASSIC CHOICE	\$ 1,777.86	\$ 3,283.38	\$ 4,790.94
Kaiser Permanente	\$ 1,027.34	\$ 2,054.71	\$ 2,907.75

DENTAL

LIBERTY Dental CA40-R plan	\$ 22.44	\$ 36.72	\$ 53.04
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VISION

Vision Service Plan (VSP)	\$ 10.04	\$ 20.09	\$ 24.93
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The Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA) provides that certain former employees, retirees, spouses, former spouses and dependent children have the right to temporary continuation of health coverage at the group rate if coverage is lost due to specified reasons.

COBRA Administrator:

Kern County Health & Wellness

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