

COUNTY OF SUTTER
2025 COBRA MONTHLY PREMIUMS

MEDICAL MONTHLY PREMIUMS						
	ANTHEM HDHP 3300	ANTHEM PPO 500	ANTHEM PPO 1000	ANTHEM PPO 1500	KAISER HMO LOW	KAISER HMO HIGH
PARTICIPANT ONLY	\$ 795.09	\$ 1387.71	\$ 1088.85	\$ 1114.35	\$ 1314.27	\$ 1398.93
PARTICIPANT + SPOUSE	\$ 1583.55	\$ 2773.89	\$ 2169.03	\$ 2227.17	\$ 2635.17	\$ 2798.37
PARTICIPANT + CHILD	\$ 1583.55	\$ 2773.89	\$ 2169.03	\$ 2227.17	\$ 2635.17	\$ 2798.37
PARTICIPANT + CHILDREN	\$ 2235.33	\$ 3927.51	\$ 3070.71	\$ 3151.29	\$ 3723.51	\$ 3957.09
FAMILY	\$ 2235.33	\$ 3927.51	\$ 3070.71	\$ 3151.29	\$ 3723.51	\$ 3957.09

DENTAL MONTHLY PREMIUMS			
	DELTA DENTAL DHMO	DELTA DENTAL DPPO OPTION 1	DELTA DENTAL DPPO OPTION 2
PARTICIPANT ONLY	\$ 18.26	\$ 43.55	\$ 57.63
PARTICIPANT + SPOUSE	\$ 32.44	\$ 73.85	\$ 97.92
PARTICIPANT + CHILD	\$ 32.44	\$ 73.85	\$ 97.92
PARTICIPANT + CHILDREN	\$ 47.74	\$ 115.97	\$ 149.63
FAMILY	\$ 47.74	\$ 115.97	\$ 149.63

VISION MONTHLY PREMIUMS		
	VSP VISION	VSP VISION BUY UP
PARTICIPANT ONLY	\$ 6.73	\$ 10.81
PARTICIPANT + SPOUSE	\$ 13.36	\$ 21.62
PARTICIPANT + CHILD	\$ 13.36	\$ 21.62
FAMILY	\$ 21.52	\$ 34.78

QUESTIONS? Call BCC's Customer Service Call Center at 800-685-6100