



**COBRA Rate Sheet for 2025
Stanford Health Care - House Staff**

Monthly COBRA Rates effective from January 1, 2025 through December 31, 2025

Coverage Levels	Aetna SHCA HDHP*	Kaiser HMO**	Delta Dental PPO Base	Delta Dental PPO Buy Up	DeltaCare HMO	Carelon EAP
Employee Only	\$1,635.56	\$900.37	\$59.07	\$78.27	\$16.30	\$2.23
Employee & Spouse	\$3,584.35	\$2,024.83	\$109.45	\$145.04	\$30.63	\$2.23
Employee & Child(ren)	\$2,945.89	\$1,531.35	\$112.75	\$149.42	\$28.86	\$2.23
Employee, Spouse & Child(ren)	\$4,894.71	\$2,655.80	\$163.18	\$216.27	\$43.99	\$2.23
Spouse Only	\$1,635.56	\$900.37	\$59.07	\$78.27	\$16.30	\$2.23
Spouse & Child(ren)	\$2,945.89	\$1,531.35	\$112.75	\$149.42	\$28.86	\$2.23
One Child Only	\$1,635.56	\$900.37	\$59.07	\$78.27	\$16.30	\$2.23
Children Only	\$2,945.89	\$1,531.35	\$112.75	\$149.42	\$28.86	\$2.23

** Aetna SHCA HDP medical rates include prescription drugs through CVS/caremark and mental health/substance abuse benefits, and vision with VSP*

*** Kaiser medical rates include prescription drugs and mental health/substance abuse through Kaiser, and vision with VSP*