

2021 COBRA Rates

Coverage Level	Plan Value - per Month						
	UHC POS Plans (Select+ & Choice+)	UHC PPO Plan (HI Only)	Kaiser HMO (NorCal & SoCal)	Delta Dental	VSP	Aetna International Medical	Aetna International Dental
EE Only	\$784.96	\$795.49	\$592.67	\$55.30	\$18.96	\$728.68	\$60.53
EE + Spouse	\$1,805.38	\$1,629.97	\$1,363.11	\$109.56	\$37.95	\$1,740.35	\$122.83
EE + Child(ren)	\$1,334.42	\$1,292.67	\$1,007.52	\$123.53	\$40.59	\$1,596.63	\$145.18
EE + Family (Spouse and Child(ren))	\$2,276.36	\$2,331.58	\$1,718.72	\$187.22	\$64.89	\$2,560.31	\$207.47
EE + Domestic Partner	\$1,805.38	\$1,629.97	\$1,363.11	\$109.56	\$37.95	\$1,740.35	\$122.83
EE + Domestic Partner Child(ren)	\$1,334.42	\$1,292.67	\$1,007.52	\$123.53	\$40.59	\$1,596.63	\$145.18
EE + Domestic Partner + DP Child(ren)	\$2,276.36	\$2,331.58	\$1,718.72	\$187.22	\$64.89	\$2,560.31	\$207.47
EE + Child(ren) + Domestic Partner	\$2,276.36	\$2,331.58	\$1,718.72	\$187.22	\$64.89	\$2,560.31	\$207.47
EE + Child(ren) + DP Child(ren) + DP	\$2,276.36	\$2,331.58	\$1,718.72	\$187.22	\$64.89	\$2,560.31	\$207.47
EE + Child(ren) + DP Child(ren)	\$1,334.42	\$1,292.67	\$1,007.52	\$123.53	\$40.59	\$1,596.63	\$145.18