

2022 COBRA Rates

| Coverage Level | Plan Value - per Month | | | | | | | |
|---------------------------------------|-----------------------------------|---------------|------------------------|-----------------------------|--------------|---------|-----------------------------|----------------------------|
| | UHC POS Plans (Select+ & Choice+) | UHC HDHP Plan | UHC PPO Plan (HI Only) | Kaiser HMO (NorCal & SoCal) | Delta Dental | VSP | Aetna International Medical | Aetna International Dental |
| EE Only | \$834.41 | \$805.93 | \$998.21 | \$634.93 | \$55.30 | \$18.96 | \$797.54 | \$64.45 |
| EE + Spouse | \$1,919.13 | \$1,853.35 | \$2,045.33 | \$1,460.34 | \$109.56 | \$37.95 | \$1,904.80 | \$130.78 |
| EE + Child(ren) | \$1,418.49 | \$1,370.39 | \$1,622.08 | \$1,079.38 | \$123.53 | \$40.59 | \$1,747.51 | \$154.57 |
| EE + Family (Spouse and Child(ren)) | \$2,419.77 | \$2,336.31 | \$2,925.74 | \$1,841.31 | \$187.22 | \$64.89 | \$2,802.24 | \$220.89 |
| EE + Domestic Partner | \$1,919.13 | \$1,853.35 | \$2,045.33 | \$1,460.34 | \$109.56 | \$37.95 | \$1,904.80 | \$130.78 |
| EE + Domestic Partner Child(ren) | \$1,418.49 | \$1,370.39 | \$1,622.08 | \$1,079.38 | \$123.53 | \$40.59 | \$1,747.51 | \$154.57 |
| EE + Domestic Partner + DP Child(ren) | \$2,419.77 | \$2,336.31 | \$2,925.74 | \$1,841.31 | \$187.22 | \$64.89 | \$2,802.24 | \$220.89 |
| EE + Child(ren) + Domestic Partner | \$2,419.77 | \$2,336.31 | \$2,925.74 | \$1,841.31 | \$187.22 | \$64.89 | \$2,802.24 | \$220.89 |
| EE + Child(ren) + DP Child(ren) + DP | \$2,419.77 | \$2,336.31 | \$2,925.74 | \$1,841.31 | \$187.22 | \$64.89 | \$2,802.24 | \$220.89 |
| EE + Child(ren) + DP Child(ren) | \$1,418.49 | \$1,370.39 | \$1,622.08 | \$1,079.38 | \$123.53 | \$40.59 | \$1,747.51 | \$154.57 |