

Monthly Cobra Premiums

Plan Options	COBRA Participant Cost
Medical Plans	
Select and Select Exclusive Plans	
Employee only	\$1,718.05
Employee + 1 dependent	\$3,436.15
Employee + Family	\$4,810.61
Premier Plan	
Employee only	\$1,862.32
Employee + 1 dependent	\$3,724.67
Employee + Family	\$5,214.51
Plan C	
Employee only	\$842.80
Employee + 1 dependent	\$1,685.57
Employee + Family	\$2,359.84
Kaiser HMO Plan	
Employee only	\$979.22
Employee + 1 dependent	\$1,958.45
Employee + Family	\$2,771.19
Kaiser HDHP Plan	
Employee only	\$749.59
Employee + 1 dependent	\$1,499.20
Employee + Family	\$2,121.36
Sutter Health Plus HMO	
Employee only	\$949.49
Employee + 1 dependent	\$1,899.19
Employee + Family	\$2,687.43
Sutter Health Plus HDHP	
Employee only	\$713.97
Employee + 1 dependent	\$1,427.95
Employee + Family	\$2,020.55
Dental Plans	
Delta Dental Standard Plan	
Employee only	\$32.04
Employee + 1 dependent	\$62.45
Employee + Family	\$104.82
Delta Dental Core Plan	
Employee only	\$31.06
Employee + 1 dependent	\$60.59
Employee + Family	\$101.68
Delta Dental Buy-Up Plan	
Employee only	\$33.75
Employee + 1 dependent	\$65.81
Employee + Family	\$110.43

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Plan Options	COBRA Participant Cost
UnitedHealth Care Dental	
Employee only	\$28.33
Employee + 1 dependent	\$53.86
Employee + Family	\$76.42

Vision Plan	
Vision Service Plan (VSP) - Standard	
Employee only	\$5.17
Employee + 1 dependent	\$10.38
Employee + Family	\$18.59
Vision Service Plan (VSP) – Buy-Up	
Employee only	\$9.15
Employee + 1 dependent	\$18.34
Employee + Family	\$32.87