Monthly Cobra Premiums

Plan Options	COBRA Participant Cost
Medical Plans	
Select and Select Exclusive Plans	
Employee only	\$1,819.42
Employee + 1 dependent	\$3,638.88
Employee + Family	\$5,094.45
Premier Plan	
Employee only	\$1,972.20
Employee + 1 dependent	\$3,944.43
Employee + Family	\$5,522.16
Plan C	
Employee only	\$892.53
Employee + 1 dependent	\$1,785.02
Employee + Family	\$2,499.07
Kaiser HMO Plan	
Employee only	\$1,014.41
Employee + 1 dependent	\$2,028.81
Employee + Family	\$2,870.75
Kaiser HDHP Plan	
Employee only	\$776.26
Employee + 1 dependent	\$1,552.51
Employee + Family	\$2,196.80
Sutter Health Plus HMO	
Employee only	\$1,022.99
Employee + 1 dependent	\$2,045.98
Employee + Family	\$2,895.02
Sutter Health Plus HDHP	
Employee only	\$768.91
Employee + 1 dependent	\$1,537.82
Employee + Family	\$2,176.02
Dental Plans	
Delta Dental Standard Plan	ФО Т О 4
Employee only	\$37.84
Employee + 1 dependent	\$73.76
Employee + Family	\$123.79
Delta Dental Core Plan	\$00.00
Employee only	\$36.69
Employee + 1 dependent	\$71.57
Employee + Family	\$120.09
Delta Dental Buy-Up Plan	\$00.0F
Employee only	\$39.85
Employee + 1 dependent	\$77.72
Employee + Family	\$130.42

Monthly Cobra Premiums

Plan Options	COBRA Participant Cost
UnitedHealth Care Dental Employee only Employee + 1 dependent Employee + Family	\$30.47 \$57.93 \$82.20

Vision Plan	
Vision Service Plan (VSP) - Standard	
Employee only	\$5.17
Employee + 1 dependent	\$10.36
Employee + Family	\$18.55
Vision Service Plan (VSP) – Buy-Up	
Employee only	\$9.15
Employee + 1 dependent	\$18.32
Employee + Family	\$32.83