

Monthly Cobra Premiums

Plan Options	COBRA Participant Cost
Medical Plans	
Select and Select Exclusive Plans	
Employee only	\$1,611.69
Employee + 1 dependent	\$3,223.41
Employee + Family	\$4,512.77
Premier Plan	
Employee only	\$1,747.02
Employee + 1 dependent	\$3,494.05
Employee + Family	\$4,891.65
Plan C	
Employee only	\$790.63
Employee + 1 dependent	\$1,581.21
Employee + Family	\$2,213.73
Kaiser HMO Plan	
Employee only	\$874.68
Employee + 1 dependent	\$1,749.36
Employee + Family	\$2,475.34
Kaiser HDHP Plan	
Employee only	\$674.88
Employee + 1 dependent	\$1,349.76
Employee + Family	\$1,909.90
Sutter Health Plus HMO	
Employee only	\$902.67
Employee + 1 dependent	\$1,805.46
Employee + Family	\$2,554.83
Sutter Health Plus HDHP	
Employee only	\$678.68
Employee + 1 dependent	\$1,357.37
Employee + Family	\$1,920.70
Dental Plans	
Delta Dental Standard Plan	
Employee only	\$21.44
Employee + 1 dependent	\$41.78
Employee + Family	\$70.14
Delta Dental Core Plan	
Employee only	\$20.79
Employee + 1 dependent	\$40.55
Employee + Family	\$68.04
Delta Dental Buy-Up Plan	
Employee only	\$22.58
Employee + 1 dependent	\$44.04
Employee + Family	\$73.89

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Plan Options	COBRA Participant Cost
UnitedHealth Care Dental	
Employee only	\$24.79
Employee + 1 dependent	\$47.13
Employee + Family	\$66.87

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