

Monthly Cobra Premiums

Plan Options	COBRA Participant Cost
Medical Plans	
Select and Select Exclusive Plans	
Employee only	\$1,526.22
Employee + 1 dependent	\$3,052.47
Employee + Family	\$4,273.45
Premier Plan	
Employee only	\$1,654.38
Employee + 1 dependent	\$3,308.76
Employee + Family	\$4,632.24
Plan C	
Employee only	\$748.70
Employee + 1 dependent	\$1,497.36
Employee + Family	\$2,096.34
Kaiser HMO Plan	
Employee only	\$838.36
Employee + 1 dependent	\$1,676.73
Employee + Family	\$2,372.59
Kaiser HDHP Plan	
Employee only	\$646.74
Employee + 1 dependent	\$1,293.47
Employee + Family	\$1,830.26
Sutter Health Plus HMO	
Employee only	\$871.64
Employee + 1 dependent	\$1,743.38
Employee + Family	\$2,467.09
Sutter Health Plus HDHP	
Employee only	\$654.89
Employee + 1 dependent	\$1,309.78
Employee + Family	\$1,853.36
Dental Plans	
Delta Dental Standard Plan	
Employee only	\$35.68
Employee + 1 dependent	\$69.59
Employee + Family	\$116.77
Delta Dental Core Plan	
Employee only	\$34.60
Employee + 1 dependent	\$67.49
Employee + Family	\$113.28
Delta Dental Buy-Up Plan	
Employee only	\$37.61
Employee + 1 dependent	\$73.32
Employee + Family	\$123.05

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Plan Options	COBRA Participant Cost
UnitedHealth Care Dental	
Employee only	\$23.34
Employee + 1 dependent	\$44.37
Employee + Family	\$62.95

Vision Plan	
Vision Service Plan (VSP) - Standard	
Employee only	\$5.73
Employee + 1 dependent	\$11.49
Employee + Family	\$20.58
Vision Service Plan (VSP) – Buy-Up	
Employee only	\$10.16
Employee + 1 dependent	\$20.33
Employee + Family	\$36.44