

Monthly Healthcare Rates									
	Medical						Dental	Vision	Lyra
	Kaiser HMO	Cigna HSA	Cigna 250 PPO	HMSA PPO 010	HMSA HMO 036	HMSA COMP 080	Delta Dental PPO	VSP Vision	EAP
COBRA									
18/36 Months	102%								
Employee Only	\$621.10	\$694.73	\$927.08	\$848.25	\$837.62	\$826.49	\$57.94	\$9.89	
Employee + Spouse/DP	\$1,366.40	\$1,528.53	\$2,039.63	\$1,686.10	\$1,664.84	\$1,642.57	\$115.45	\$16.95	\$29.63
Employee + Children	\$1,117.97	\$1,250.58	\$1,668.83	N/A	N/A	N/A	\$137.22	\$17.30	
Employee + Family	\$1,925.38	\$2,153.94	\$2,874.11	\$2,523.95	\$2,492.06	\$2,458.65	\$194.79	\$27.89	
29 Months	150%								
Employee Only	\$913.38	\$1,021.67	\$1,363.35	\$1,247.43	\$1,231.80	\$1,215.42	\$85.20	\$14.55	
Employee + Spouse/DP	\$2,009.42	\$2,247.84	\$2,999.46	\$2,479.56	\$2,448.30	\$2,415.54	\$169.79	\$24.93	\$43.58
Employee + Children	\$1,644.08	\$1,839.09	\$2,454.17	N/A	N/A	N/A	\$201.80	\$25.44	
Employee + Family	\$2,831.45	\$3,167.57	\$4,226.63	\$3,711.69	\$3,664.80	\$3,615.66	\$286.46	\$41.01	
CalCOBRA Extension	110%								
Employee Only	\$669.81	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Employee + Spouse/DP	\$1,473.57	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Employee + Children	\$1,205.66	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Employee + Family	\$2,076.39	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A