

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
<b>COBRA</b>									
<b>18/36 Months</b>	102%								
Employee Only	\$654.25	\$850.61	\$937.89	\$878.49	\$866.80	\$855.98	\$58.66	\$9.93	
Employee + Spouse/DP	\$1,439.32	\$1,871.40	\$2,063.43	\$1,746.57	\$1,723.19	\$1,701.56	\$116.90	\$17.01	
Employee + Children	\$1,177.63	\$1,531.19	\$1,688.30	N/A	N/A	N/A	\$138.94	\$17.37	\$27.00
Employee + Family	\$2,028.15	\$2,637.05	\$2,907.63	\$2,614.65	\$2,579.58	\$2,547.14	\$197.24	\$28.00	
<b>29 Months</b>	150%								
Employee Only	\$962.13	\$1,250.90	\$1,379.25	\$1,291.89	\$1,274.70	\$1,258.80	\$86.27	\$14.61	
Employee + Spouse/DP	\$2,116.65	\$2,752.07	\$3,034.46	\$2,568.48	\$2,534.10	\$2,502.30	\$171.92	\$25.02	
Employee + Children	\$1,731.81	\$2,251.76	\$2,482.80	N/A	N/A	N/A	\$204.33	\$25.55	\$39.71
Employee + Family	\$2,982.57	\$3,878.01	\$4,275.93	\$3,845.07	\$3,793.50	\$3,745.80	\$290.06	\$41.18	
<b>CalCOBRA Extension</b>	110%								
Employee Only	\$705.56	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Employee + Spouse/DP	\$1,552.21	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Employee + Children	\$1,269.99	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Employee + Family	\$2,187.22	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A