

2021 COBRA Benefit Rates

(Monthly)



| Medical | Employee Only | Employee + 1 | Employee + 2 |
|---|---------------|--------------|--------------|
| UnitedHealthcare SignatureValue Performance HMO – Network 1 | \$733.95 | \$1,467.35 | \$2,075.88 |
| UnitedHealthcare SignatureValue Performance HMO – Network 2 | \$941.01 | \$1,881.41 | \$2,661.69 |
| UnitedHealthcare SignatureValue Alliance HMO | \$704.23 | \$1,407.89 | \$1,991.77 |
| UnitedHealthcare Select Plus – PPO | \$1,284.63 | \$2,569.22 | \$3,635.48 |
| UnitedHealthcare Select Plus – HDHP/HSA | \$1,049.70 | \$2,099.34 | \$2,970.59 |
| Kaiser Permanente – HMO | \$597.58 | \$1,195.15 | \$1,691.14 |
| Kaiser Permanente – HDHP/HSA | \$466.49 | \$932.97 | \$1,320.15 |
| Dental | Employee Only | Employee + 1 | Employee + 2 |
| Delta Dental – PPO | \$51.27 | \$102.51 | \$146.37 |
| Delta Dental – DeltaCare USA DHMO | \$16.16 | \$29.19 | \$37.39 |
| Vision | Employee Only | Employee + 1 | Employee + 2 |
| VSP | \$9.53 | \$22.01 | \$29.85 |

