

Effective January 1, 2021

2021 COBRA Rates

The following chart provides the 2021 COBRA rates by health plan option, including medical, dental, and vision coverage. Additional details about COBRA are provided in the *Benefits Book*, which will be available on Teamworks starting January 1, 2021.

Plan name	Contributions per month			
	You only	You + spouse ¹	You + children ²	You + spouse ¹ + children ²
Copay Plan with Health Reimbursement Account (HRA) ³	\$658.49	\$1,382.83	\$1,185.28	\$1,909.62
Lower Use Plan with Health Savings Account (HSA) ³	\$522.82	\$1,097.93	\$941.07	\$1,516.18
Higher Use Plan with HSA ³	\$592.00	\$1,243.21	\$1,065.60	\$1,716.80
Narrow Network Copay Plan	\$579.63	\$1,217.22	\$1,043.33	\$1,680.91
Narrow Network Plan with HSA	\$545.37	\$1,145.28	\$981.67	\$1,581.57
High-Deductible Health Plan (HDHP) — Kaiser Colorado (Available in certain locations)	\$498.27	\$1,046.37	\$896.89	\$1,444.99
HDHP — Kaiser Georgia (Available in certain locations)	\$428.05	\$898.92	\$770.50	\$1,241.36
HDHP — Kaiser Mid-Atlantic (Available in certain locations)	\$428.43	\$899.69	\$771.17	\$1,242.43
HDHP — Kaiser Northern California (Available in certain locations)	\$521.89	\$1,095.97	\$939.40	\$1,513.48
HDHP — Kaiser Northwest (Available in certain locations)	\$562.39	\$1,181.02	\$1,012.30	\$1,630.92
HDHP — Kaiser Southern California (Available in certain locations)	\$401.15	\$842.42	\$722.07	\$1,163.34
HDHP — Kaiser Washington (Available in certain locations)	\$461.57	\$969.29	\$830.82	\$1,338.55
Point of Service (POS) Kaiser Added Choice — Hawaii (Oahu, Maui, Kauai, Lanai, Molokai, and the Big Island)	\$658.01	\$1,381.81	\$1,184.41	\$1,908.23
Health Maintenance Organization (HMO) — Kaiser Colorado (Available in certain locations)	\$594.21	\$1,247.85	\$1,069.58	\$1,723.22
HMO — Kaiser Georgia (Available in certain locations)	\$523.75	\$1,099.87	\$942.75	\$1,518.86
HMO — Kaiser Mid-Atlantic (Available in certain locations)	\$524.63	\$1,101.71	\$944.33	\$1,521.41
HMO — Kaiser Northern California (Available in certain locations)	\$630.06	\$1,323.12	\$1,134.11	\$1,827.18
HMO — Kaiser Northwest (Available in certain locations)	\$680.11	\$1,428.22	\$1,224.19	\$1,972.30
HMO — Kaiser Southern California (Available in certain locations)	\$486.53	\$1,021.71	\$875.75	\$1,410.94
HMO — Kaiser Washington (Available in certain locations)	\$562.73	\$1,181.73	\$1,012.91	\$1,631.92
UnitedHealthcare Global — Expatriate Insurance	\$621.15	\$1,366.32	\$1,180.03	\$1,925.21
Delta Dental Standard	\$37.39	\$71.07	\$91.63	\$125.31
Delta Dental Enhanced	\$44.29	\$84.20	\$108.60	\$148.51
Vision Plan	\$7.69	\$15.51	\$15.51	\$23.21

1. Includes domestic partner.

2. Includes domestic partner's children.

3. Includes Out-of-Area option.

BenefitConnect™ | COBRA

For questions about your COBRA benefits, call BenefitConnect™ | COBRA at 1-877-29-COBRA (1-877-292-6272). For international callers only: 858-314-5108. Specialists are available Monday through Friday, 8:00 a.m. to 6:00 p.m. Central Time. Relay service calls are accepted. You may also access plan information online at cobra.ehr.com.