

Effective January 1, 2022

2022 COBRA Rates

The following chart provides the 2022 COBRA rates by health plan option including medical, dental, and vision coverage. Additional details about COBRA are provided in the *Benefits Book* on the HR Services & Support site.

Plan Name	You	You + spouse ¹	You + children	You + spouse ¹ + children
Copay Plan with Health Reimbursement Account (HRA) ²	\$679.28	\$1,426.49	\$1,222.70	\$1,969.91
Lower Use Plan with Health Savings Account (HSA) ²	\$545.10	\$1,144.72	\$981.18	\$1,580.80
Higher Use Plan with HSA ²	\$614.50	\$1,290.44	\$1,106.10	\$1,782.05
Narrow Network Copay Plan	\$600.21	\$1,260.43	\$1,080.37	\$1,740.61
Narrow Network Plan with HSA	\$564.57	\$1,185.61	\$1,016.23	\$1,637.26
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	\$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

¹ Includes domestic partner. ² Includes Out of Area coverage.

Plan Name	You	You + spouse¹	You + children	You + spouse¹ + children
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	\$668.36	\$1,470.17	\$1,269.71	\$2,071.53
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 Out of Area coverage.

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.