



COBRA

If your employment terminates or your benefit coverage ends because of a qualifying life event, you may be eligible for COBRA Continuation Coverage for these plans:

- Medical and prescription drug
- Dental
- Vision
- Limited Purpose Health Care FSA (only through the end of the policy year, benefits only)
- Employee Assistance Program (EAP)

Click [here \(/contacts-tools-resources/faqs/cobra/\)](/contacts-tools-resources/faqs/cobra/) to view COBRA FAQs

Click [here \(/work-changes-and-life-events/cobra/2017-2018-coverage-rates/\)](/work-changes-and-life-events/cobra/2017-2018-coverage-rates/) for 2017-2018 Coverage Rates

2017-2018 Coverage Rates

Click below for the Monthly 2017-2018 COBRA coverage rates.

2017-2018 Monthly COBRA Medical Rates

MEDICAL	TEAM MEMBER ONLY	TEAM MEMBER + 1	TEAM MEMBER + FAMILY
Aetna "R"CDHP Gold	\$645.80	\$1,291.61	\$1,937.41
Aetna "R"CDHP Silver	\$311.96	\$623.92	\$935.88
Aetna "R"CDHP Bronze	\$220.68	\$441.36	\$662.03
Kaiser CDHP So. CA and No. CA	\$354.77	\$709.53	\$1,004.00
Kaiser HMO – HI (Standard Option)	\$446.94	\$893.88	\$1,264.84
Kaiser HMO – HI (High Option)	\$457.45	\$914.91	\$1,294.59
Triple-S Salud HMO – Puerto Rico	\$194.41	\$390.56	\$586.60

2017-2018 Monthly COBRA Dental Rates

DENTAL	TEAM MEMBER ONLY	TEAM MEMBER + 1	TEAM MEMBER + FAMILY
Aetna Dental PPO	\$30.52	\$61.04	\$91.52
Aetna DMO	\$21.96	\$40.99	\$70.57

2017-2018 Monthly COBRA Vision Rates

VISION	TEAM MEMBER ONLY	TEAM MEMBER + 1	TEAM MEMBER + FAMILY
VSP Base Plan	\$6.47	\$9.35	\$16.77
VSP Buy Up Plan	\$8.81	\$12.75	\$22.86

