

2021 COBRA Premiums

| <u>MEDICAL PLAN</u> | Non-Medicare | | | | Medicare | | | Split-Medicare | | | |
|---|----------------------|-----------------------|------------|------------|-----------------|-----------|------------|-----------------------|-----------------------|------------|------------|
| | <u>U</u> | <u>UC</u> | <u>UA</u> | <u>UAC</u> | <u>M</u> | <u>MM</u> | <u>MMM</u> | <u>MA</u> | <u>MC</u> | <u>MAC</u> | <u>MMC</u> |
| | Single | Adult plus Child(ren) | Two Adults | Family | Single | Two Party | Family (1) | Two Adults | Adult plus Child(ren) | Family (2) | Family (3) |
| UC Blue & Gold HMO (4) | 823.66 | 1,482.58 | 1,729.69 | 2,388.61 | N/A | N/A | N/A | 1,086.69 | 839.58 | 1,745.61 | 1,020.24 |
| Kaiser Permanente - CA | 649.41 | 1,168.94 | 1,363.77 | 1,883.30 | 261.04 | 522.08 | 783.12 | 975.40 | 780.57 | 1,494.92 | 1,041.60 |
| CORE Major Medical (5) | 223.24 | 401.83 | 468.80 | 647.39 | N/A | N/A | N/A | 711.40 | 644.43 | 889.99 | 1,110.26 |
| High Option Supplement to Medicare | N/A | N/A | N/A | N/A | 600.47 | 1,200.95 | 1,801.42 | N/A | N/A | N/A | N/A |
| Health Savings Plan | 530.97 | 955.75 | 1,115.04 | 1,539.82 | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Medicare PPO | N/A | N/A | N/A | N/A | 465.83 | 931.67 | 1,397.50 | N/A | N/A | N/A | N/A |
| UC Care (5) | 1,132.19 | 2,037.94 | 2,377.60 | 3,283.35 | N/A | N/A | N/A | 1,711.24 | 1,371.58 | 2,616.99 | 1,837.42 |
| Medicare PPO without Rx | N/A | N/A | N/A | N/A | 197.15 | 394.29 | 591.44 | N/A | N/A | N/A | N/A |
| UC Medicare Choice | N/A | N/A | N/A | N/A | 180.66 | 361.32 | 541.99 | N/A | N/A | N/A | N/A |
| | COBRA Members | | | | | | | | | | |
| <u>DENTAL/VISION PLAN</u> | <u>U</u> | <u>UC</u> | <u>UA</u> | <u>UAC</u> | | | | | | | |
| | Single | Adult plus Child(ren) | Two Adults | Family | | | | | | | |
| Delta Dental PPO | 44.63 | 80.33 | 93.71 | 129.41 | | | | | | | |
| DeltaCare USA DHMO | 17.53 | 31.55 | 36.81 | 50.83 | | | | | | | |
| Vision Service Plan | 10.98 | 10.98 | 10.98 | 10.98 | | | | | | | |

* The CalCOBRA extension which allows qualified beneficiaries to extend their medical plan coverage for up to a maximum of 36 months from the date of the beginning of your COBRA continuation period will not be available if you are enrolled in UC Care, UC Health Savings Plan or Core.

(1) MMM = All family members in Medicare

(2) MAC = Split Medicare family with at least one Non-Medicare Adult

(3) MMC=Split Medicare family with at least two Medicare Adults plus non-Medicare Child(ren)

(4) Rates for Split-Medicare families with Medicare members enrolled in UC Medicare Choice

(5) Rates for Split-Medicare families with Medicare members enrolled in Medicare PPO