

2022 COBRA Premiums	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>
<u>MEDICAL PLAN</u>	Single	Adult plus Child(ren)	Two Adults	Family	Single	Two Party	Family	Two Adults	Adult plus Child(ren)	Family (1)	Family (2)
UC Blue & Gold HMO (3)	866.86	1,560.35	1,820.40	2,513.89	N/A	N/A	N/A	1,154.61	894.55	1,848.10	1095.61
Kaiser Permanente - CA	676.97	1,218.55	1,421.65	1,963.22	246.77	493.54	740.31	991.44	788.35	1,533.02	1035.12
CORE Major Medical (4)	233.58	420.44	490.52	677.38	N/A	N/A	N/A	715.79	645.71	902.65	1104.56
High Option Supplement to Medicare	N/A	N/A	N/A	N/A	526.62	1,053.23	1,579.85	N/A	N/A	N/A	N/A
Health Savings Plan	542.43	976.36	1,139.10	1,573.03	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Medicare PPO	N/A	N/A	N/A	N/A	458.85	917.69	1,376.54	N/A	N/A	N/A	N/A
UC Care (4)	1,182.30	2,128.15	2,482.83	3,428.68	N/A	N/A	N/A	1,759.38	1,404.69	2,705.22	1863.54
Medicare PPO without Rx	N/A	N/A	N/A	N/A	147.86	295.72	443.58	N/A	N/A	N/A	N/A
UC Medicare Choice	N/A	N/A	N/A	N/A	201.06	402.12	603.19	N/A	N/A	N/A	N/A

COBRA Member				
<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	18.40	33.11	38.64	53.35
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 or CORE Plan.

- (1) MAC = Split Medicare family with at least one Non-Medicare Adult
- (2) MMC = Split Medicare family with two Medicare Adults plus non-Medicare Child(ren)
- (3) Rates for Split-Medicare families with Medicare members enrolled in UC Medicare Choice
- (4) Rates for Split-Medicare families with Medicare members enrolled in Medicare PPO