UNIVERSITY OF CALIFORNIA:
2027 MONTHLY COBRA PREMIUMS **1/1/2027 - 12/31/2027**

					Medicare			Split-Medicare			
MEDICAL PLAN	U	UC	UA	UAC	M	MM	MMM	MA	MC	MAC	MMC
	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)	1,295.79	2,332.41	2,721.16	3,757.78	N/A	N/A	N/A	2,127.38	1,738.64	3,164.01	2,440.66
Kaiser Permanente - CA	1,004.92	1,808.86	2,110.34	2,914.28	242.85	485.70	728.56	1,348.27	1,046.79	2,152.20	1,289.64
Kaiser Mid-Atlantic	885.85	1,594.53	1,860.29	2,568.96	N/A	N/A	N/A	N/A	N/A	N/A	N/A
High Option Supplement to Medicare	N/A	N/A	N/A	N/A	916.27	1,832.53	2,748.80	N/A	N/A	N/A	N/A
HealthSavings+	1,218.48	2,193.27	2,558.81	3,533.60	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Medicare PPO	N/A	N/A	N/A	N/A	587.99	1,175.98	1,763.97	N/A	N/A	N/A	N/A
UC Care (4)	1,334.99	2,402.98	2,803.47	3,871.46	N/A	N/A	N/A	2,056.47	1,655.98	3,124.46	2,243.97
Medicare PPO without Rx	N/A	N/A	N/A	N/A	154.99	309.98	464.97	N/A	N/A	N/A	N/A
UC Medicare Choice	N/A	N/A	N/A	N/A	702.02	1,404.03	2,106.04	N/A	N/A	N/A	N/A

	COBRA Members			
DENTAL/VISION PLAN	U	UC	UA	UAC
	Single	Adult plus Child(ren)	Two Adults	Family
Delta Dental PPO	47.00	84.60	98.71	136.30
DeltaCare USA DHMO	19.38	34.88	40.70	56.20
Vision Service Plan	12.86	12.86	12.86	12.86

NOTES:

*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 or HealthSavings+ PPO.

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

(2) MMC = Split Medicare family with two Medicare Adults plus 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