

# 2018 COBRA MONTHLY PREMIUM RATES

## COBRA

Under the federal Consolidated Omnibus Budget Reconciliation Act (COBRA), employees without holdover rights, or whose holdover rights have ended, may be eligible to continue medical, dental and vision coverage for themselves and eligible dependents at the employee's expense. Current year FSAs (Flexible Spending Accounts) may also be COBRA-eligible.

For Cobra information, visit [padmin.com](http://padmin.com) or call 1-800-688-2611

### Employees may elect to continue healthcare coverage through COBRA if coverage is lost due to:

- Voluntary or involuntary termination of employment (except for gross misconduct).
- Hours of employment reduced, making the employee ineligible for employer health coverage.

### Covered spouses or domestic partners may also elect to be covered under COBRA if coverage is lost due to:

- Voluntary or involuntary termination of the employee's employment (except for misconduct).
- Divorce, legal separation, or dissolution of domestic partnership from the covered employee.
- Death of the covered employee.

### Covered dependent children may elect COBRA coverage if healthcare coverage is lost due to:

- Loss of dependent child status under the plan rules.
- Voluntary or involuntary termination of the employee employment (except for misconduct).
- Hours of employment reduced, making the employee ineligible for employer health coverage.
- Parent's divorce, legal separation, or dissolution of domestic partnership from the covered employee.
- Death of the covered employee.

## 2018 Monthly COBRA Premium Rates

### Blue Shield of California Trio HMO

|                     |            |
|---------------------|------------|
| Employee Only       | \$722.21   |
| Employee +1         | \$1,439.95 |
| Employee +2 or More | \$2,035.63 |

### Blue Shield of California Access+ HMO

|                     |            |
|---------------------|------------|
| Employee Only       | \$805.86   |
| Employee +1         | \$1,607.27 |
| Employee +2 or More | \$2,272.38 |

### Kaiser Permanente HMO

|                     |            |
|---------------------|------------|
| Employee Only       | \$625.80   |
| Employee +1         | \$1,247.13 |
| Employee +2 or More | \$1,762.84 |

### City Plan (United Healthcare) PPO

|                     |            |
|---------------------|------------|
| Employee Only       | \$902.15   |
| Employee +1         | \$1,761.33 |
| Employee +2 or More | \$2,483.63 |

### Delta Dental PPO

|                     |          |
|---------------------|----------|
| Employee Only       | \$64.30  |
| Employee +1         | \$135.03 |
| Employee +2 or More | \$192.89 |

### DeltaCare USA DMO

|                     |         |
|---------------------|---------|
| Employee Only       | \$27.49 |
| Employee +1         | \$45.35 |
| Employee +2 or More | \$67.08 |

### UnitedHealthcare Dental DMO

|                     |         |
|---------------------|---------|
| Employee Only       | \$28.36 |
| Employee +1         | \$46.82 |
| Employee +2 or More | \$69.22 |