



**COBRA Rate Sheet for 2021
Stanford Health Care - House Staff**

Monthly COBRA Rate Sheet from January 1, 2021 through December 31, 2021

| Coverage Levels | Aetna Choice POS II* | Kaiser HMO*** | Delta Dental PPO Base | Delta Dental PPO Buy Up | DeltaCare HMO | Beacon Health Options EAP |
|-------------------------------|-----------------------------|----------------------|------------------------------|--------------------------------|----------------------|----------------------------------|
| Employee Only | \$1,122.28 | \$722.44 | \$57.23 | \$75.85 | \$16.30 | \$2.19 |
| Employee & Spouse | \$2,459.35 | \$1,624.48 | \$106.05 | \$140.55 | \$30.63 | \$2.19 |
| Employee & Child(ren) | \$2,021.34 | \$1,228.87 | \$109.25 | \$144.79 | \$28.86 | \$2.19 |
| Employee, Spouse & Child(ren) | \$3,358.43 | \$2,130.92 | \$158.12 | \$209.57 | \$43.99 | \$2.19 |
| Spouse Only | \$1,122.28 | \$722.44 | \$57.23 | \$75.85 | \$16.30 | \$2.19 |
| Spouse & Child(ren) | \$2,021.34 | \$1,228.87 | \$109.25 | \$144.79 | \$28.86 | \$2.19 |
| One Child Only | \$1,122.28 | \$722.44 | \$57.23 | \$75.85 | \$16.30 | \$2.19 |
| Children Only | \$2,021.34 | \$1,228.87 | \$109.25 | \$144.79 | \$28.86 | \$2.19 |

*** Aetna Choice POS II medical rates include prescription drugs through CVS/caremark and mental health/substance abuse benefits, and vision with VSP**

**** Stanford Health Care Alliance (SHCA) medical rates include prescription drugs through Aetna and mental health/substance abuse through SHCA, and vision with VSP**

**** *Kaiser medical rates include prescription drugs and mental health/substance abuse through Kaiser, and vision with VSP**