

UCSF RESIDENTS & FELLOWS

Medical, Dental and Vision

7/1/16 Monthly COBRA Rates (Including 2% COBRA Administrative Fee)

	Medical (HMO) Health Net	Medical (PPO) Anthem	Dental Delta Dental	Vision VSP
Self	\$583.00	\$812.63	\$34.49	\$6.13
Self + Child(ren)	\$1,010.19	\$1,436.56	\$46.18	\$9.44
Self + Adult	\$1,385.38	\$1,755.86	\$69.60	\$9.33
Family (Self + Adult + child(ren))	\$1,760.65	\$2,474.08	\$84.06	\$14.55