

UCSF RESIDENTS & FELLOWS

Medical, Dental and Vision

7/1/17 Monthly COBRA Rates (Including 2% COBRA Administrative Fee)

	Medical (HMO) Health Net	Medical (PPO) Anthem	Dental Delta Dental	Vision VSP
Self	\$583.00	\$902.04	\$32.52	\$6.31
Self + Child(ren)	\$1,010.19	\$1,594.60	\$43.54	\$9.72
Self + Adult	\$1,385.38	\$1,949.03	\$65.63	\$9.61
Family (Self + Adult + child(ren))	\$1,760.65	\$2,746.26	\$79.25	\$14.98