

UCSF Residents & Fellows Benefits Program
Monthly COBRA Rates
Effective July 1, 2019

Medical, Dental and Vision

7/1/19 Monthly COBRA Rates (Including 2% COBRA Administrative Fee)

	Medical HMO Anthem	Medical PPO Anthem	Dental Delta Dental	Vision VSP
Self	\$624.28	\$694.07	\$31.75	\$6.89
Self + Child(ren)	\$1,081.71	\$1,226.97	\$42.51	\$10.60
Self + Adult	\$1,483.48	\$1,499.68	\$64.08	\$10.49
Family (Self + Adult + child(ren))	\$1,885.31	\$2,113.10	\$77.39	\$16.35