

**UCSF Residents & Fellows Benefits Program
 Monthly COBRA Rates
 Effective July 1, 2020**

Medical, Dental and Vision

7/1/20 Monthly COBRA Rates (Including 2% COBRA Administrative Fee)

	Medical HMO	Medical PPO	Dental	Vision
	Anthem	Anthem	Delta Dental	VSP
Self	\$638.98	\$680.19	\$31.84	\$6.96
Self + Child(ren)	\$1,107.18	\$1,202.43	\$42.65	\$10.71
Self + Adult	\$1,518.40	\$1,469.68	\$64.27	\$10.59
Family (Self + Adult + child(ren))	\$1,929.70	\$2,070.84	\$77.62	\$16.51