

City of Hope COBRA Rates effective 1/1/21

Aetna Medical HMO	Rate	COBRA Rate
Participant	\$500.44	\$510.45
Participant + Spouse	\$1,100.93	\$1,122.95
Participant + Child(ren)	\$900.75	\$918.77
Family	\$1,551.32	\$1,582.35
Aetna Medical POS		
Participant	\$710.50	\$724.71
Participant + Spouse	\$1,257.56	\$1,282.71
Participant + Child(ren)	\$1,193.61	\$1,217.48
Family	\$1,683.87	\$1,717.55
Kaiser Medical Plan		
Participant	\$481.43	\$491.06
Participant + Spouse	\$914.72	\$933.01
Participant + Child(ren)	\$866.55	\$883.88
Family	\$1,251.72	\$1,276.75
Aetna Dental HMO		
Participant	\$19.36	\$19.75
Participant + Spouse	\$44.15	\$45.03
Participant + Child(ren)	\$44.25	\$45.14
Family	\$58.28	\$59.45
Aetna Dental PPO		
Participant	\$63.18	\$64.44
Participant + Spouse	\$134.60	\$137.29
Participant + Child(ren)	\$140.30	\$143.11
Family	\$216.12	\$220.44
EyeMed Voluntary Vision		
Participant	\$9.74	\$9.93
Participant + Spouse	\$18.50	\$18.87
Participant + Child(ren)	\$19.48	\$19.87
Family	\$28.63	\$29.20