

2021 COBRA Rates

To enroll in 2021 COBRA benefits, follow the instructions mailed to your home from Trion, the Company's administrator for COBRA. The following table lists the monthly COBRA costs for your 2021 benefits. Rates vary by plan.

Medical COBRA Rates

| Aetna: \$400 Deductible Plan | | |
|-------------------------------------|-----------------------------------|------------------------------------|
| Coverage Level | Broad Network Monthly Cost | Narrow Network Monthly Cost |
| Employee | \$715.79 | \$687.09 |
| Employee + Spouse/Domestic Partner | \$1,717.86 | \$1,649.02 |
| Employee + Child(ren) | \$1,431.55 | \$1,374.18 |
| Employee + Family | \$2,505.22 | \$2,404.82 |

| Anthem BlueCross BlueShield: \$400 Deductible Plan | | |
|---|-----------------------------------|------------------------------------|
| Coverage Level | Broad Network Monthly Cost | Narrow Network Monthly Cost |
| Employee | \$715.79 | \$687.09 |
| Employee + Spouse/Domestic Partner | \$1,717.86 | \$1,649.02 |
| Employee + Child(ren) | \$1,431.55 | \$1,374.18 |
| Employee + Family | \$2,505.22 | \$2,404.82 |

| UnitedHealthcare: \$400 Deductible Plan | | |
|--|-----------------------------------|------------------------------------|
| Coverage Level | Broad Network Monthly Cost | Narrow Network Monthly Cost |
| Employee | \$715.79 | \$687.09 |
| Employee + Spouse/Domestic Partner | \$1,717.86 | \$1,649.02 |
| Employee + Child(ren) | \$1,431.55 | \$1,374.18 |
| Employee + Family | \$2,505.22 | \$2,404.82 |

| Aetna: \$900 Deductible Plan | | |
|-------------------------------------|-----------------------------------|------------------------------------|
| Coverage Level | Broad Network Monthly Cost | Narrow Network Monthly Cost |
| Employee | \$663.72 | \$637.13 |
| Employee + Spouse/Domestic Partner | \$1,592.94 | \$1,529.11 |
| Employee + Child(ren) | \$1,327.45 | \$1,274.25 |
| Employee + Family | \$2,323.03 | \$2,229.93 |

| Anthem BlueCross BlueShield: \$900 Deductible Plan | | |
|---|-----------------------------------|------------------------------------|
| Coverage Level | Broad Network Monthly Cost | Narrow Network Monthly Cost |
| Employee | \$663.72 | \$637.13 |
| Employee + Spouse/Domestic Partner | \$1,592.94 | \$1,529.11 |
| Employee + Child(ren) | \$1,327.45 | \$1,274.25 |
| Employee + Family | \$2,323.03 | \$2,229.93 |

| UnitedHealthcare: \$900 Deductible Plan | | |
|--|-----------------------------------|------------------------------------|
| Coverage Level | Broad Network Monthly Cost | Narrow Network Monthly Cost |
| Employee | \$663.72 | \$637.13 |
| Employee + Spouse/Domestic Partner | \$1,592.94 | \$1,529.11 |
| Employee + Child(ren) | \$1,327.45 | \$1,274.25 |
| Employee + Family | \$2,323.03 | \$2,229.93 |

| Aetna: \$1,500 Deductible Plan | | |
|---------------------------------------|-----------------------------------|------------------------------------|
| Coverage Level | Broad Network Monthly Cost | Narrow Network Monthly Cost |
| Employee | \$610.26 | \$585.65 |
| Employee + Spouse/Domestic Partner | \$1,464.61 | \$1,405.55 |
| Employee + Child(ren) | \$1,220.51 | \$1,171.30 |
| Employee + Family | \$2,135.89 | \$2,049.76 |

| Anthem BlueCross BlueShield: \$1,500 Deductible Plan | | |
|---|-----------------------------------|------------------------------------|
| Coverage Level | Broad Network Monthly Cost | Narrow Network Monthly Cost |
| Employee | \$610.26 | \$585.65 |
| Employee + Spouse/Domestic Partner | \$1,464.61 | \$1,405.55 |
| Employee + Child(ren) | \$1,220.51 | \$1,171.30 |
| Employee + Family | \$2,135.89 | \$2,049.76 |

| UnitedHealthcare: \$1,500 Deductible Plan | | |
|--|-----------------------------------|------------------------------------|
| Coverage Level | Broad Network Monthly Cost | Narrow Network Monthly Cost |
| Employee | \$610.26 | \$585.65 |
| Employee + Spouse/Domestic Partner | \$1,464.61 | \$1,405.55 |
| Employee + Child(ren) | \$1,220.51 | \$1,171.30 |
| Employee + Family | \$2,135.89 | \$2,049.76 |

| Aetna: \$2,850 Deductible Plan | | |
|---------------------------------------|-----------------------------------|------------------------------------|
| Coverage Level | Broad Network Monthly Cost | Narrow Network Monthly Cost |
| Employee | \$534.76 | \$513.15 |
| Employee + Spouse/Domestic Partner | \$1,283.42 | \$1,231.57 |
| Employee + Child(ren) | \$1,069.51 | \$1,026.30 |
| Employee + Family | \$1,871.65 | \$1,796.04 |

| Anthem BlueCross BlueShield: \$2,850 Deductible Plan | | |
|---|-----------------------------------|------------------------------------|
| Coverage Level | Broad Network Monthly Cost | Narrow Network Monthly Cost |
| Employee | \$534.76 | \$513.15 |
| Employee + Spouse/Domestic Partner | \$1,283.42 | \$1,231.57 |
| Employee + Child(ren) | \$1,069.51 | \$1,026.30 |
| Employee + Family | \$1,871.65 | \$1,796.04 |

| UnitedHealthcare: \$2,850 Deductible Plan | | |
|--|-----------------------------------|------------------------------------|
| Coverage Level | Broad Network Monthly Cost | Narrow Network Monthly Cost |
| Employee | \$534.76 | \$513.15 |
| Employee + Spouse/Domestic Partner | \$1,283.42 | \$1,231.57 |
| Employee + Child(ren) | \$1,069.51 | \$1,026.30 |
| Employee + Family | \$1,871.65 | \$1,796.04 |

| Kaiser: \$400 Deductible Plan | |
|--------------------------------------|---------------------|
| Coverage Level | Monthly Cost |
| Employee Only | \$592.65 |
| Employee + Spouse/Domestic Partner | \$1,422.36 |
| Employee + Child(ren) | \$1,185.30 |
| Employee + Family | \$2,074.28 |

| Kaiser: \$900 Deductible Plan | |
|--------------------------------------|---------------------|
| Coverage Level | Monthly Cost |
| Employee Only | \$514.23 |
| Employee + Spouse/Domestic Partner | \$1,234.16 |
| Employee + Child(ren) | \$1,028.47 |
| Employee + Family | \$1,799.82 |

| Kaiser: \$1,500 Deductible Plan | |
|--|---------------------|
| Coverage Level | Monthly Cost |
| Employee Only | \$446.45 |
| Employee + Spouse/Domestic Partner | \$1,071.49 |
| Employee + Child(ren) | \$892.91 |
| Employee + Family | \$1,562.59 |

| Kaiser: \$2,850 Deductible Plan | |
|--|---------------------|
| Coverage Level | Monthly Cost |
| Employee Only | \$405.32 |
| Employee + Spouse/Domestic Partner | \$972.76 |
| Employee + Child(ren) | \$810.63 |
| Employee + Family | \$1,418.62 |

| HMSA Preferred Provider Plan – Hawaii PPP | |
|--|---------------------|
| Coverage | Monthly Cost |
| Employee Only | \$661.92 |
| Employee + Spouse/Domestic Partner | \$1,588.59 |
| Employee + Child(ren) | \$1,323.84 |
| Employee + Family | \$2,316.75 |

| HMSA Health Plan Hawaii Plus – Hawaii HMO | |
|--|---------------------|
| Coverage Level | Monthly Cost |
| Employee Only | \$648.25 |
| Employee + Spouse/Domestic Partner | \$1,555.81 |
| Employee + Child(ren) | \$1,296.50 |
| Employee + Family | \$2,268.91 |

Dental COBRA Rates

| MetLife Premier Plan | |
|------------------------------------|---------------------|
| Coverage Level | Monthly Cost |
| Employee Only | \$51.23 |
| Employee + Spouse/Domestic Partner | \$122.95 |
| Employee + Child(ren) | \$102.46 |
| Employee + Family | \$179.31 |

| MetLife Standard Plan | |
|------------------------------------|---------------------|
| Coverage Level | Monthly Cost |
| Employee Only | \$40.85 |
| Employee + Spouse/Domestic Partner | \$98.04 |
| Employee + Child(ren) | \$81.70 |
| Employee + Family | \$142.98 |

Vision COBRA Rates

| VSP High Option | |
|------------------------------------|---------------------|
| Coverage Level | Monthly Cost |
| Employee Only | \$11.27 |
| Employee + Spouse/Domestic Partner | \$27.02 |
| Employee + Child(ren) | \$22.51 |
| Employee + Family | \$39.42 |

| VSP Low Option | |
|------------------------------------|---------------------|
| Coverage Level | Monthly Cost |
| Employee Only | \$6.97 |
| Employee + Spouse/Domestic Partner | \$16.74 |
| Employee + Child(ren) | \$13.95 |
| Employee + Family | \$24.42 |

Employee Assistance Program COBRA Rates

| CIGNA Behavioral Health: Employee Assistance Program | |
|---|---------------------|
| Coverage Level | Monthly Cost |
| Employee Only | \$1.89 |
| Employee + Spouse/Domestic Partner | \$1.89 |
| Employee + Child(ren) | \$1.89 |
| Employee + Family | \$1.89 |

Health Advocate COBRA Rates

| Health Advocate | |
|------------------------------------|---------------------|
| Coverage Level | Monthly Cost |
| Employee Only | \$0.00 |
| Employee + Spouse/Domestic Partner | \$0.00 |
| Employee + Child(ren) | \$0.00 |
| Employee + Family | \$0.00 |

Teladoc Medical Experts COBRA Rates

| Teladoc Medical Experts | |
|------------------------------------|---------------------|
| Coverage Level | Monthly Cost |
| Employee Only | \$0.00 |
| Employee + Spouse/Domestic Partner | \$0.00 |
| Employee + Child(ren) | \$0.00 |
| Employee + Family | \$0.00 |