

LAUSD

Unit F and Unit G COBRA RATES

Effective 09/01/2022 - 08/31/2023

<b>CORBRA MONTHLY RATES (WITH 2%)</b>	<b>Kaiser HMO</b>	<b>Western Dental DHMO</b>	<b>VSP</b>
Ssuscriber Only	\$ 444.11	\$ 11.33	\$ 3.71
Subscriber and 1 Dependent	\$ 888.23	\$ 22.00	\$ 7.38
Subscriber and 2 or more Dependents	\$ 1,256.85	\$ 30.92	\$ 11.89