

LAUSD

Unit F and Unit G COBRA Rates

Effective 09/01/2020 - 08/31/2021

COBRA Monthly Rates (with 2%)	Kaiser HMO	Western Dental DHMO	VSP
Subscriber Only	\$ 492.10	\$ 11.33	\$ 3.74
Subscriber and 1 Dependent	\$ 984.20	\$ 22.00	\$ 7.44
Subscriber and 2 or more Dependents	\$ 1,392.64	\$ 30.93	\$ 11.97