

LAUSD

Unit F and Unit G COBRA Rates

Effective 09/01/19 - 08/31/20

COBRA Monthly Rates (with 2%)	Kaiser HMO	Western Dental DHMO	VSP
Subscriber Only	\$ 431.52	\$ 11.33	\$ 3.79
Subscriber and 1 Dependent	\$ 863.04	\$ 22.00	\$ 7.53
Subscriber and 2 or more Dependents	\$ 1,221.20	\$ 30.92	\$ 12.13