

*Benefits Administration  
Los Angeles Unified School District*

**2022 Rates - COBRA Actives**

(All rates are WITH the 2% COBRA administration charge)

Medical Plans	Premium same for under and over 65		
	Single Coverage	Member +1	Family Coverage
Kaiser	605.11	1,210.23	1,712.47
Health Net	843.08	1,812.60	2,487.04
*Anthem HMO Select in California <sup>1</sup>	596.81	1,193.62	1,790.42
*Anthem EPO E3 in California <sup>2</sup>	793.34	1,586.69	2,380.03
*Anthem EPO E3 Outside of California <sup>2</sup>	793.34	1,586.69	2,380.03
Dental Plans	Premium same for under and over 65		
	Single Coverage	Member +1	Family Coverage
Aetna Dental PPO	71.47	137.88	244.47
Delta Dental HMO	14.84	28.53	45.64
Western Dental HMO	12.06	23.41	32.91
Western Dental Plus Plan HMO	13.84	26.88	37.77
Vision Plans	Premium same for under and over 65		
	Single Coverage	Member +1	Family Coverage
VSP Select Network	3.78	7.53	12.13
EyeMed Vision Care	4.30	8.12	11.94

<sup>1</sup> Includes Capitation and estimated claims cost (including hearing aid benefit)

<sup>2</sup> Includes estimated claims cost (including hearing aid benefit)

\*All Anthem premiums include prescription and mental health benefits costs

**NOTE: We are providing tiered COBRA rates as requested by the District and provided by the Carriers.**