

LAUSD

Unit F and Unit G COBRA Rates

Effective 09/01/2021 - 08/31/2022

COBRA Monthly Rates (with 2%)	Kaiser HMO	Western Dental DHMO	VSP
Subscriber Only	\$ 467.49	\$ 11.33	\$ 3.71
Subscriber and 1 Dependent	\$ 934.99	\$ 22.00	\$ 7.38
Subscriber and 2 or more Dependents	\$ 1,323.01	\$ 30.92	\$ 11.89