

# 2019 COBRA RATES



## 2019 **Active Employee** Monthly COBRA Rates

Benefit Plan	Coverage Tier			
	EE Only	EE + Child(ren)	EE + Spouse	EE + Family
MPC Saver HSA Option/ HDHP Medical	\$447.10	\$895.22	\$1,045.16	\$1,437.86
MPC Classic Option/PPO Medical	\$591.60	\$1,182.18	\$1,358.64	\$1,830.90
MPC Kaiser Southern California	\$559.17	\$1,056.83	\$1,207.81	\$1,492.98
MPC Kaiser Northern California	\$796.63	\$1,473.76	\$1,712.75	\$2,310.22
MPC PPO Dental	\$34.46	\$74.78	\$68.92	\$117.85
MPC Vision	\$7.14	\$13.26	\$12.24	\$20.40

## 2019 **Pre-65 Retiree** Monthly COBRA Rates

Benefit Plan	Coverage Tier			
	Member Only	Member + Child(ren)	Member + Spouse	Member + Family
MPC Pre-65 Retiree Classic Option/PPO Medical	\$922.08	\$1,843.14	\$1,843.14	\$2,765.22
MPC Pre-65 Retiree Saver HSA Option/HDHP Medical	\$805.63	\$1,612.28	\$1,612.28	\$2,447.66
MPC Kaiser No. Ca. Pre-65 Retiree Health Plan	\$1,195.01	\$2,210.77	\$2,569.27	\$3,465.52
MPC Kaiser So. Ca. Pre-65 Retiree Health Plan	\$838.86	\$1,585.45	\$1,811.95	\$2,239.77
MPC Pre-65 Dental	\$23.46	\$51.00	\$46.92	\$80.58
MPC Pre-65 Retiree Vision	\$7.14	\$13.26	\$12.24	\$20.40