

**COBRA Monthly Rates 2021-2022**

| <b>Plan</b>                    | <b>Coverage Level</b> | <b>Cost</b> |
|--------------------------------|-----------------------|-------------|
| Univera Signature Copay 1      | Single                | \$764.84    |
| Univera Signature Copay 1      | Family                | \$1,991.27  |
| Univera Signature Deductible 3 | Single                | \$589.42    |
| Univera Signature Deductible 3 | Family                | \$1,534.69  |
| Dental                         | Single                | \$25.00     |
| Dental                         | Family                | \$68.97     |
| Vision - VSP                   | Single                | \$10.47     |
| Vision - VSP                   | Family                | \$22.51     |
| Vision - Davis                 | Single                | \$7.46      |
| Vision - Davis                 | Family                | \$16.04     |