

COBRA Monthly Rates 2020-2021		
Plan	Coverage Level	Cost
Univera Signature Copay 1	Single	\$695.96
Univera Signature Copay 1	Family	\$1,811.93
Univera Signature Deductible 3	Single	\$536.33
Univera Signature Deductible 3	Family	\$1,396.40
Dental	Single	\$23.37
Dental	Family	\$64.46
Vision - VSP	Single	\$11.33
Vision - VSP	Family	\$24.40
Vision - Davis	Single	\$8.09
Vision - Davis	Family	\$17.39