

CAPISTRANO UNIFIED SCHOOL DISTRICT
San Juan Capistrano, California
2024 MONTHLY COBRA RATES
(EFFECTIVE 1/1/24 – 12/31/24)

Rates include the 2% COBRA surcharge.

	Single	2 Party	Family
UHC Harmony HMO \$10	\$755.82	\$1,542.24	\$2,184.84
UHC CS VEBA Alliance HMO \$10	\$827.22	\$1,693.20	\$2,384.76
UHC Harmony HMO Journey w/ HRA	\$496.74	\$1,012.86	\$1,438.20
UHC CS VEBA Alliance HMO Journey w/ HRA	\$506.94	\$1,041.42	\$1,486.14
CIGNA Select HMO \$10	\$1,036.32	\$2,162.40	\$3,085.50
Kaiser HMO \$15	\$841.50	\$1,730.94	\$2,454.12
Kaiser HMO \$25	\$791.52	\$1,625.88	\$2,306.22
UHC Select Plus PPO	\$1,543.26	\$3,209.94	\$4,576.74
Delta Dental PPO	\$55.39	\$120.20	\$163.41
Delta Dental Care (HMO)	\$15.84	\$31.12	\$46.01
Vision Service Plan	\$13.14	\$25.26	\$38.36