

LAUSD

Unit F and Unit G COBRA RATES

Effective 09/01/2023 - 12/31/2023

<b>CORBRA MONTHLY RATES (WITH 2%)</b>	<b>Kaiser HMO</b>	<b>Western Dental DHMO</b>	<b>VSP</b>
Subscriber Only	\$ 510.73	\$ 11.33	\$ 3.21
Subscriber and 1 Dependent	\$ 1,021.47	\$ 22.00	\$ 6.38
Subscriber and 2 or more Dependents	\$ 1,445.38	\$ 30.92	\$ 10.28