

*Benefits Administration
Los Angeles Unified School District*

2023 Rates - COBRA Retiree

(All rates are WITH the 2% COBRA administration charge)

Note: These rates are effective January 1, 2023 and will be updated for January 1, 2024

Medical Plans	Under 65			65 and Over		
	Single Coverage	Member +1	Family Coverage	Single Coverage	Member +1	Family Coverage
Kaiser	947.90	1,895.81	2,682.57	1	1	1
Health Net	1,136.85	2,444.21	3,353.70			
Health Net Medicare Advantage ²				N/A	N/A	N/A
*Anthem HMO Select in CA ³	1,017.45	2,034.92	3,052.38			
*Anthem EPO E3 in CA - Under 65 ⁴	1,650.34	3,300.69	4,951.03			
*Anthem EPO E3 Out of CA - Under 65 ⁴	1,650.34	3,300.69	4,951.03			
*Anthem EPO E3 In CA and Out of CA - Over 65 ⁴				1,017.08	2,034.17	3,051.25
*Anthem Preferred PPO In CA and Out of CA - Over 65 ⁵				N/A	N/A	N/A
Dental Plans	Premium same for under and over 65					
	Single Coverage	Member +1		Family Coverage		
Aetna Dental PPO	71.47	137.88		244.47		
Delta Dental HMO	14.67	28.20		45.12		
Western Dental HMO	12.06	23.41		32.91		
Western Dental Plus Plan HMO	13.84	26.88		37.77		
Vision Plans	Premium same for under and over 65					
	Single Coverage	Member +1		Family Coverage		
VSP Select Network	3.78	7.53		12.13		
EyeMed Vision Care	4.30	8.12		11.94		

¹ Per Kaiser, rates at age 65 and over vary depending on the enrollees individual circumstance (i.e. under/over 65 at enrollment, Medicare eligible at enrollment, etc.)

² Per Health Net, Medicare Advantage "COBRA" rate is not provided because it is not appropriate.

³ Includes Capitation and estimated claims cost (including hearing aid benefit)

⁴ Includes estimated claims cost (including hearing aid benefit)

⁵ Preferred PPO "COBRA" rate is not provided because it is not applicable.

*All Anthem premiums include prescription and mental health benefits costs

NOTE: We are providing tiered COBRA rates as requested by the District and provided by the Carriers