

# SANTA MONICA UNITE HERE HEALTH BENEFIT TRUST FUND

Administered By: Benefit Programs Administration  
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## **MARTIN LUTHER KING COMMUNITY HEALTHCARE PLAN SUBSIDIZED COBRA Rates.** Effective March 1, 2021 thru May 31, 2021\*

### **CORE (medical rx only) COBRA rates:**

Employee Only, Employee plus One & Employee plus family \$50.00

### **CORE Plus (medical rx United Concordia dental & vision) COBRA rates:**

Employee Only, Employee plus One & Employee plus family \$50.00

### **CORE Plus (medical rx Delta dental & vision) COBRA rates:**

Employee Only, Employee plus One & Employee plus family \$50.00

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## **HEALTH NET HMO COBRA Rates**

### **CORE (medical rx only) COBRA rates:**

|                      |            |
|----------------------|------------|
| Employee Only        | \$440.46   |
| Employee plus One    | \$830.88   |
| Employee plus Family | \$1,102.48 |

### **CORE Plus (medical rx United Concordia dental & vision) COBRA rates:**

|                      |            |
|----------------------|------------|
| Employee Only        | \$465.31   |
| Employee plus One    | \$858.24   |
| Employee plus family | \$1,132.93 |

### **CORE Plus (medical rx Delta dental & vision) COBRA rates:**

|                      |            |
|----------------------|------------|
| Employee Only        | \$538.88   |
| Employee plus One    | \$931.82   |
| Employee plus family | \$1,206.50 |

- MLK COBRA Rates after May 31, 2021 have not as yet been developed.