

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 rate:

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

CORE Plus (medical rx United Concordia dental & vision) COBRA rate:

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

CORE Plus (medical rx Delta dental & vision) COBRA rate:

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

KAISER HMO 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 \$100.00

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

Employee Only, Employee plus One & Employee plus family \$100.00

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

Employee Only, Employee plus One & Employee plus family \$100.00

Kaiser HMO COBRA Rates Effective June 1, 2021

CORE (medical rx only) COBRA rates:

Employee Only	\$587.93
Employee plus One	\$1,074.89
Employee plus Family	\$1,479.07

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

Employee Only	\$612.78
Employee plus One	\$1,102.26
Employee plus family	\$1,509.51

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

Employee Only	\$686.35
Employee plus One	\$1,175.83
Employee plus family	\$1,583.09

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