



**COBRA Rate Sheet for 2023  
Stanford Health Care - Non-Rep & SEIU**

**Monthly COBRA Rates effective from January 1, 2023 through December 31, 2023**

<b>Coverage Levels</b>	<b>Aetna Choice POS II*</b>	<b>SHCA**</b>	<b>Kaiser HMO***</b>	<b>Delta Dental PPO Base</b>	<b>Delta Dental PPO Buy Up</b>	<b>DeltaCare HMO</b>	<b>Beacon Health EAP</b>
Employee Only	\$1,293.18	\$1,491.35	\$740.92	\$59.07	\$78.27	\$16.30	\$2.23
Employee & Spouse	\$2,831.65	\$3,264.83	\$1,666.08	\$109.45	\$145.04	\$30.63	\$2.23
Employee & Child(ren)	\$2,327.65	\$2,683.45	\$1,260.29	\$112.75	\$149.42	\$28.86	\$2.23
Employee, Spouse & Child(ren)	\$3,866.15	\$4,456.92	\$2,185.46	\$163.18	\$216.27	\$43.99	\$2.23
Spouse Only	\$1,293.18	\$1,491.35	\$740.92	\$59.07	\$78.27	\$16.30	\$2.23
Spouse & Child(ren)	\$2,327.65	\$2,683.45	\$1,260.29	\$112.75	\$149.42	\$28.86	\$2.23
One Child Only	\$1,293.18	\$1,491.35	\$740.92	\$59.07	\$78.27	\$16.30	\$2.23
Children Only	\$2,327.65	\$2,683.45	\$1,260.29	\$112.75	\$149.42	\$28.86	\$2.23

**\* Aetna Choice POS II medical rates include prescription drugs through CVS/caremark and mental health/substance abuse benefits, and vision with VSP**

**\*\* Stanford Health Care Alliance (SHCA) medical rates include prescription drugs through CVS Caremark and mental health/substance abuse through SHCA, and vision with VSP**

**\*\*\*Kaiser medical rates include prescription drugs and mental health/substance abuse through Kaiser, and vision with VSP**