



2022 COBRA benefits rates

Saver, Premier, and Contribution Plan COBRA rates

2022 COBRA rates	Your monthly cost					
	Premier Plan		Contribution Plan		Saver Plan	
	COBRA*	COBRA Disability**	COBRA*	COBRA Disability**	COBRA*	COBRA Disability**
Associate only	\$510.49	\$750.72	\$970.37	\$1,427.01	\$359.53	\$528.72
Associate + spouse/partner	\$1,225.19	\$1,801.76	\$2,328.88	\$3,424.83	\$862.87	\$1,268.93
Associate + child(ren)	\$765.74	\$1,126.10	\$1,455.55	\$2,140.52	\$539.29	\$793.08
Associate + family	\$1,480.45	\$2,177.13	\$2,814.06	\$4,138.32	\$1,042.63	\$1,533.29

Local COBRA Plans available in select locations

Banner: Arizona	Your monthly cost	
	COBRA*	COBRA Disability**
Associate only	\$551.33	\$810.78
Associate + spouse/partner	\$1,323.21	\$1,945.89
Associate + child(ren)	\$827.01	\$1,216.19
Associate + family	\$1,598.88	\$2,351.30

Mercy Arkansas: NW Arkansas UnityPoint: Illinois, Iowa Ochsner: Louisiana	Your monthly cost	
	COBRA*	COBRA Disability**
Associate only	\$970.37	\$1,427.01
Associate + spouse/partner	\$2,328.88	\$3,424.83
Associate + child(ren)	\$1,455.55	\$2,140.52
Associate + family	\$2,814.06	\$4,138.32

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**COBRA Disability = 150%: You and/or your eligible dependent(s) will be responsible for both the associate portion of the premium and the amounts that were previously paid by the company, plus a 50% administrative fee in cases of the 11-month disability extension.

HMO COBRA Plans available in select locations

Geisinger Extra Health Plan: Pennsylvania	Your monthly cost	
	COBRA*	COBRA Disability**
Associate only	\$672.74	\$989.33
Associate + spouse/partner	\$1,614.60	\$2,374.41
Associate + child(ren)	\$1,009.12	\$1,484.00
Associate + family	\$1,950.94	\$2,869.04

Geisinger Extra Health Plan: eastern region Pennsylvania	Your monthly cost	
	COBRA*	COBRA Disability**
Associate only	\$697.18	\$1,025.27
Associate + spouse/partner	\$1,673.20	\$2,460.59
Associate + child(ren)	\$1,045.74	\$1,537.86
Associate + family	\$2,021.79	\$2,973.23

Geisinger Health Plan: Pennsylvania	Your monthly cost	
	COBRA*	COBRA Disability**
Associate only	\$692.13	\$1,017.84
Associate + spouse/partner	\$1,661.14	\$2,442.86
Associate + child(ren)	\$1,038.20	\$1,526.76
Associate + family	\$2,007.19	\$2,951.75

Geisinger Health Plan: eastern region Pennsylvania	Your monthly cost	
	COBRA*	COBRA Disability**
Associate only	\$717.23	\$1,054.76
Associate + spouse/partner	\$1,721.32	\$2,531.36
Associate + child(ren)	\$1,075.82	\$1,582.10
Associate + family	\$2,079.95	\$3,058.76

Health Net ExcelCare High Option: California	Your monthly cost	
	COBRA*	COBRA Disability**
Associate only	\$711.44	\$1,046.24
Associate + spouse/partner	\$1,707.26	\$2,510.67
Associate + child(ren)	\$1,067.05	\$1,569.20
Associate + family	\$2,062.96	\$3,033.77

Health Net ExcelCare Low Option: California	Your monthly cost	
	COBRA*	COBRA Disability**
Associate only	\$564.81	\$830.61
Associate + spouse/partner	\$1,355.45	\$1,993.31
Associate + child(ren)	\$847.15	\$1,245.81
Associate + family	\$1,637.80	\$2,408.54

Health Net Salud Y Mas: California	Your monthly cost	
	COBRA*	COBRA Disability**
Associate only	\$545.85	\$802.73
Associate + spouse/partner	\$1,310.07	\$1,926.57
Associate + child(ren)	\$818.82	\$1,204.14
Associate + family	\$1,583.01	\$2,327.96

Kaiser California High Option: North and South	Your monthly cost	
	COBRA*	COBRA Disability**
Associate only	\$585.90	\$861.62
Associate + spouse/partner	\$1,406.15	\$2,067.87
Associate + child(ren)	\$878.84	\$1,292.42
Associate + family	\$1,699.11	\$2,498.69

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HMO COBRA Plans (cont.)

Kaiser California Low Option: North and South	Your monthly cost	
	COBRA*	COBRA Disability**
Associate only	\$537.98	\$791.15
Associate + spouse/partner	\$1,291.14	\$1,898.73
Associate + child(ren)	\$806.96	\$1,186.71
Associate + family	\$1,560.12	\$2,294.30

Kaiser of Colorado Low Option	Your monthly cost	
	COBRA*	COBRA Disability**
Associate only	\$647.66	\$952.44
Associate + spouse/partner	\$1,554.39	\$2,285.87
Associate + child(ren)	\$971.50	\$1,428.68
Associate + family	\$1,878.23	\$2,762.10

Kaiser of Georgia Low Option	Your monthly cost	
	COBRA*	COBRA Disability**
Associate only	\$594.31	\$874.00
Associate + spouse/partner	\$1,426.36	\$2,097.59
Associate + child(ren)	\$891.48	\$1,311.00
Associate + family	\$1,723.52	\$2,534.60

Kaiser of the Mid-Atlantic Low Option: Maryland Kaiser of the Mid-Atlantic Low Option: Virginia	Your monthly cost	
	COBRA*	COBRA Disability**
Associate only	\$559.67	\$823.05
Associate + spouse/partner	\$1,343.22	\$1,975.32
Associate + child(ren)	\$839.51	\$1,234.58
Associate + family	\$1,623.05	\$2,386.85

Kaiser of Oregon High Option	Your monthly cost	
	COBRA*	COBRA Disability**
Associate only	\$586.86	\$863.03
Associate + spouse/partner	\$1,408.46	\$2,071.26
Associate + child(ren)	\$880.28	\$1,294.53
Associate + family	\$1,701.88	\$2,502.77

Kaiser of Oregon Low Option	Your monthly cost	
	COBRA*	COBRA Disability**
Associate only	\$575.13	\$845.78
Associate + spouse/partner	\$1,380.30	\$2,029.86
Associate + child(ren)	\$862.70	\$1,268.67
Associate + family	\$1,667.87	\$2,452.76

Kaiser of Washington state	Your monthly cost	
	COBRA*	COBRA Disability**
Associate only	\$459.82	\$676.20
Associate + spouse/partner	\$1,103.62	\$1,622.97
Associate + child(ren)	\$689.78	\$1,014.38
Associate + family	\$1,333.53	\$1,961.07

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COBRA Plans for U.S.-based Global Tech associates

PPO COBRA Plan

PPO Plan	Your monthly cost	
	COBRA*	COBRA Disability**
Associate only	\$603.12	\$886.94
Associate + spouse/partner	\$1,260.50	\$1,853.67
Associate + child(ren)	\$1,121.77	\$1,649.66
Associate + family	\$1,785.18	\$2,625.27

HMO COBRA Plans

Kaiser of Oregon	Your monthly cost	
	COBRA*	COBRA Disability**
Associate only	\$586.86	\$863.03
Associate + spouse/partner	\$1,408.46	\$2,071.26
Associate + child(ren)	\$880.28	\$1,294.53
Associate + family	\$1,701.88	\$2,502.77

Kaiser California: North Kaiser California: South	Your monthly cost	
	COBRA*	COBRA Disability**
Associate only	\$585.90	\$861.62
Associate + spouse/partner	\$1,406.15	\$2,067.87
Associate + child(ren)	\$878.84	\$1,292.42
Associate + family	\$1,699.11	\$2,498.69

Hawaii COBRA Plans

Hawaii HMO COBRA Plans

HMSA Hawaii	Your monthly cost	
	COBRA*	COBRA Disability**
Associate only	\$778.42	\$1,144.74
Associate + spouse/partner	\$1,868.31	\$2,747.52
Associate + child(ren)	\$1,167.74	\$1,717.26
Associate + family	\$2,257.61	\$3,320.01

Kaiser Hawaii	Your monthly cost	
	COBRA*	COBRA Disability**
Associate only	\$608.24	\$894.47
Associate + spouse/partner	\$1,459.76	\$2,146.71
Associate + child(ren)	\$912.35	\$1,341.69
Associate + family	\$1,763.88	\$2,593.94

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Dental and Vision COBRA Plans

Dental COBRA

Dental	Your monthly cost	
	COBRA*	COBRA Disability**
Associate only	\$18.39	\$27.05
Associate + spouse/partner	\$44.32	\$65.18
Associate + child(ren)	\$42.98	\$63.21
Associate + family	\$75.12	\$110.48

Vision COBRA

Vision	Your monthly cost
	COBRA*
Associate only	\$6.12
Associate + spouse/partner	\$12.23
Associate + child(ren)	\$12.23
Associate + family	\$18.30

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