

**Marvell Semiconductor COBRA Rates**

**January 1, 2025 - December 31, 2025**

<b>MEDICAL</b>	<b>Monthly Premium</b>
<b>Kaiser HMO- California</b>	
Employee	\$631.87
Employee + Spouse	\$1,453.30
Employee + Child(ren)	\$1,194.23
Employee + Family	\$2,021.97
<b>Anthem Blue Cross Exclusive Plan</b>	
Employee	\$868.64
Employee + Spouse	\$1,997.94
Employee + Child(ren)	\$1,650.49
Employee + Family	\$2,779.73
<b>Anthem Blue Cross Preferred Plan</b>	
Employee	\$1,076.17
Employee + Spouse	\$2,475.27
Employee + Child(ren)	\$2,044.87
Employee + Family	\$3,443.88
<b>Anthem Blue Cross High Deductible Health Plan</b>	
Employee	\$785.27
Employee + Spouse	\$1,806.18
Employee + Child(ren)	\$1,492.07
Employee + Family	\$2,512.92

<b>DENTAL</b>	<b>Monthly Premium</b>
<b>Delta Dental PPO (Base Plan)</b>	
Employee	\$66.45
Employee + Spouse	\$152.85
Employee + Child(ren)	\$129.99
Employee + Family	\$218.92

<b>VISION</b>	<b>Monthly Premium</b>
<b>VSP Vision Plan (Base Plan)</b>	
Employee	\$18.34
Employee + Spouse	\$42.18
Employee + Child(ren)	\$35.92
Employee + Family	\$60.50
<b>VSP Vision Plan (Buy-up Plan)</b>	
Employee	\$23.56
Employee + Spouse	\$54.12
Employee + Child(ren)	\$46.14
Employee + Family	\$77.65