

**Marvell Semiconductor COBRA Rates**

**January 1, 2022 - December 31, 2022**

<b>MEDICAL</b>		<b>Monthly Premium</b>
<b>Kaiser - California</b>		
Employee		\$561.26
Employee + Spouse		\$1,290.89
Employee + Child(ren)		\$1,060.77
Employee + Family		\$1,796.01
<b>Tufts HMO - Massachusetts</b>		
Employee		\$825.13
Employee + Spouse		\$1,905.35
Employee + Child(ren)		\$1,681.76
Employee + Family		\$2,470.84
<b>Anthem Blue Cross/BC Exclusive Plan</b>		
Employee		\$670.30
Employee + Spouse		\$1,541.72
Employee + Child(ren)		\$1,273.62
Employee + Family		\$2,145.00
<b>Anthem Blue Cross/BC Preferred Plan</b>		
Employee		\$830.44
Employee + Spouse		\$1,910.07
Employee + Child(ren)		\$1,577.93
Employee + Family		\$2,657.49
<b>Anthem Blue Cross/BC High Deductible Health Plan</b>		
Employee		\$605.97
Employee + Spouse		\$1,393.75
Employee + Child(ren)		\$1,151.37
Employee + Family		\$1,939.12

<b>DENTAL</b>		<b>Monthly Premium</b>
<b>Delta Dental PPO (Base Plan)</b>		
Employee		\$65.08
Employee + Spouse		\$149.67
Employee + Child(ren)		\$127.29
Employee + Family		\$214.38
<b>Delta Dental PPO (Buy-up Plan)</b>		
Employee		\$119.09
Employee + Spouse		\$273.90
Employee + Child(ren)		\$232.94
Employee + Family		\$392.34

<b>VISION</b>		<b>Monthly Premium</b>
<b>VSP Vision Plan (Base Plan)</b>		
Employee		\$18.34
Employee + Spouse		\$42.18
Employee + Child(ren)		\$35.93
Employee + Family		\$60.50
<b>VSP Vision Plan (Buy-up Plan)</b>		
Employee		\$23.57
Employee + Spouse		\$54.13
Employee + Child(ren)		\$46.15
Employee + Family		\$77.66