

Marvell Semiconductor COBRA Rates

January 1, 2023 - December 31, 2023

MEDICAL		Monthly Premium
Kaiser HMO- California		
Employee		\$538.83
Employee + Spouse		\$1,239.32
Employee + Child(ren)		\$1,018.40
Employee + Family		\$1,724.26
Tufts HMO - Massachusetts		
Employee		\$887.02
Employee + Spouse		\$2,048.26
Employee + Child(ren)		\$1,807.89
Employee + Family		\$2,656.16
Anthem Blue Cross Exclusive Plan		
Employee		\$771.00
Employee + Spouse		\$1,773.35
Employee + Child(ren)		\$1,464.96
Employee + Family		\$2,467.26
Anthem Blue Cross Preferred Plan		
Employee		\$955.20
Employee + Spouse		\$2,197.03
Employee + Child(ren)		\$1,815.00
Employee + Family		\$3,056.74
Anthem Blue Cross High Deductible Health Plan		
Employee		\$697.00
Employee + Spouse		\$1,603.14
Employee + Child(ren)		\$1,324.35
Employee + Family		\$2,230.44

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

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