

**Marvell Semiconductor COBRA Rates**

**January 1, 2024 - December 31, 2024**

<b>MEDICAL</b>		<b>Monthly Premium</b>
<b>Kaiser HMO- California</b>		
Employee		\$612.67
Employee + Spouse		\$1,409.12
Employee + Child(ren)		\$1,157.94
Employee + Family		\$1,960.53
<b>Tufts HMO - Massachusetts</b>		
Employee		\$1,041.85
Employee + Spouse		\$2,405.80
Employee + Child(ren)		\$2,123.48
Employee + Family		\$3,119.82
<b>Anthem Blue Cross Exclusive Plan</b>		
Employee		\$860.05
Employee + Spouse		\$1,978.16
Employee + Child(ren)		\$1,634.16
Employee + Family		\$2,752.22
<b>Anthem Blue Cross Preferred Plan</b>		
Employee		\$1,065.52
Employee + Spouse		\$2,450.77
Employee + Child(ren)		\$2,024.62
Employee + Family		\$3,409.78
<b>Anthem Blue Cross High Deductible Health Plan</b>		
Employee		\$777.50
Employee + Spouse		\$1,788.30
Employee + Child(ren)		\$1,477.30
Employee + Family		\$2,488.05

<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