

# 2020 Monthly COBRA Rate Information

Listed below are monthly COBRA rates and the health coverage available to you, should you elect to continue coverage under the conditions of the Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA). The COBRA rates below reflect 102% of the premium equivalent rate. The additional 2% is to cover administrative costs. If you become disabled and continue your coverage beyond 18 months the COBRA rates increase to 150% of the premium equivalent rate.

You have 60 days from the date your employee benefits end or the date of the notification letter from **bswift** (whichever is later), to elect coverage. You will then have 45 days from your election date to pay for your coverage back to your COBRA eligibility date.

Note: You may continue contributing to the Health Care Flexible Spending Account (FSA) on an after-tax basis if you were actively enrolled the day before your COBRA eligibility date.

PLAN	EMPLOYEE ONLY*	EMPLOYEE AND CHILD(REN)*	EMPLOYEE & SPOUSE/ DOMESTIC PARTNER	EMPLOYEE AND FAMILY (2+ CHILDREN)
<b>Medical plans</b>				
Aetna HealthSave (HSA)	\$656.91	\$1,147.02	\$1,356.92	\$1,914.50
Aetna HealthSave Basic	\$599.76	\$1,045.50	\$1,236.24	\$1,746.24
Kaiser CA (HMO)	\$534.01	\$1,068.03	\$1,174.82	\$1,602.04
Kaiser WA (HMO)	\$499.99	\$1,022.10	\$1,068.18	\$1,590.30
Aetna HealthSave Out-of-Area Plan	\$656.91	\$1,147.02	\$1,356.92	\$1,914.50
<b>Other</b>				
Employee Assistance Program (EAP)	\$1.80	\$1.80	\$1.80	\$1.80
<b>Dental plans</b>				
Delta Dental	\$60.18	\$125.46	\$113.22	\$169.32
<b>Vision plan</b>				
VSP Basic	\$13.26	\$20.40	\$19.38	\$33.66
VSP Vision Plus	\$24.48	\$42.84	\$41.82	\$69.36

You will receive an eligibility notice and election instructions from **bswift**, the COBRA administrator, by mail to your home address. Please contact them directly with any questions you may have concerning your COBRA eligibility or enrollment.

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