

**SOUTHWEST CARPENTERS HEALTH AND WELFARE TRUST**  
**REGULAR COBRA PREMIUM RATES**  
 Effective 1/1/2021-12/31/2021

<b>ALL STATES ACTIVE MEDICAL</b>			
<i>Medical and Vision Benefits (No Dental)</i>	1 family member	2 family members	3 or more family members
Anthem PPO	\$605.56	\$1,143.88	\$1,564.80
Kaiser HMO - CA	\$490.08	\$1,025.53	\$1,467.40
Kaiser HMO - CO	\$621.59	\$1,301.70	\$1,861.85
<b>ALL STATES ANTHEM PPO MEDICAL</b>			
<i>Medical and Vision Benefits Paired with the following dental plan</i>	1 family member	2 family members	3 or more family members
UnitedHealthcare DPPO	\$630.15	\$1,193.38	\$1,662.52
UnitedHealthcare DC - CA	\$623.75	\$1,175.69	\$1,609.33
UnitedHealthcare DC - NV	\$624.98	\$1,179.61	\$1,623.12
UnitedHealthcare INO - All Other States*	\$640.48	\$1,214.18	\$1,703.59
<b>CALIFORNIA KAISER HMO MEDICAL</b>			
<i>Medical and Vision Benefits Paired with the following dental plan</i>	1 family member	2 family members	3 or more family members
UnitedHealthcare DPPO	\$514.68	\$1,075.03	\$1,565.12
UnitedHealthcare DC	\$508.27	\$1,057.34	\$1,511.93
<b>COLORADO KAISER HMO MEDICAL</b>			
<i>Medical and Vision Benefits Paired with the following dental plan</i>	1 family member	2 family members	3 or more family members
UnitedHealthcare DPPO	\$646.19	\$1,351.20	\$1,959.58
UnitedHealthcare INO	\$656.52	\$1,372.00	\$2,000.64
<b>ALL STATES BRONZE PPO MEDICAL</b>			
<i>Medical Benefits (No Vision or Dental)</i>	1 family member	2 family members	3 or more family members
Anthem Bronze PPO	\$475.79	\$890.28	\$1,213.46

\* The following states are not covered by the UHC INO plan: Alaska, Alabama, Arkansas, Connecticut, Georgia, Hawaii, Idaho, Illinois, Kansas, Kentucky, Louisiana, Maryland, Maine, Missouri, Mississippi, Montana, New Mexico, North Carolina, North Dakota, Oklahoma, Texas, and Vermont.