

Marvell Semiconductor COBRA Rates**January 1, 2025 - December 31, 2025**

MEDICAL	Monthly Premium
Kaiser HMO- California	
Employee	\$631.87
Employee + Spouse	\$1,453.30
Employee + Child(ren)	\$1,194.23
Employee + Family	\$2,021.97
Anthem Blue Cross Exclusive Plan	
Employee	\$868.64
Employee + Spouse	\$1,997.94
Employee + Child(ren)	\$1,650.49
Employee + Family	\$2,779.73
Anthem Blue Cross Preferred Plan	
Employee	\$1,076.17
Employee + Spouse	\$2,475.27
Employee + Child(ren)	\$2,044.87
Employee + Family	\$3,443.88
Anthem Blue Cross High Deductible Health Plan	
Employee	\$785.27
Employee + Spouse	\$1,806.18
Employee + Child(ren)	\$1,492.07
Employee + Family	\$2,512.92

DENTAL	Monthly Premium
Delta Dental PPO (Base Plan)	
Employee	\$66.45
Employee + Spouse	\$152.85
Employee + Child(ren)	\$129.99
Employee + Family	\$218.92

VISION	Monthly Premium
VSP Vision Plan (Base Plan)	
Employee	\$18.34
Employee + Spouse	\$42.18
Employee + Child(ren)	\$35.92
Employee + Family	\$60.50
VSP Vision Plan (Buy-up Plan)	
Employee	\$23.56
Employee + Spouse	\$54.12
Employee + Child(ren)	\$46.14
Employee + Family	\$77.65