Marvell Semiconductor COBRA Rates

January 1, 2026 - December 31, 2026

MEDICAL	Monthly Premium
Kaiser HMO- California	
Employee	$672.24
Employee + Spouse	$1,546.16
Employee + Child(ren)	$1,270.54
Employee + Family	$2,151.17
Anthem Blue Cross Exclusive Plan	
Employee	$922.49
Employee + Spouse	$2,121.77
Employee + Child(ren)	$1,752.80
Employee + Family	$2,952.03
Anthem Blue Cross Preferred Plan	
Employee	$1,108.58
Employee + Spouse	$2,549.82
Employee + Child(ren)	$2,106.44
Employee + Family	$3,547.58
Anthem Blue Cross High Deductible Health Plan	
Employee	$808.91
Employee + Spouse	$1,860.56
Employee + Child(ren)	$1,537.00
Employee + Family	$2,588.60

DENTAL	Monthly Premium
Delta Dental PPO	
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	$15.77
Employee + Spouse	$36.27
Employee + Child(ren)	$30.90
Employee + Family	$52.03
VSP Vision Plan (Buy-up Plan)	
Employee	$20.27
Employee + Spouse	$46.54
Employee + Child(ren)	$39.69
Employee + Family	$66.78