SEAGATE

COBRA

2027 Monthly Costs

Vendor	Plan	Employee Only	Employee + Spouse or Domestic Partner	Employee + Child(ren)	Employee + Family
Anthem	High Deductible Health Plan	$957.96	$2,005.98	$1,735.86	$2,756.34
	PPO	$1,046.20	$2,186.58	$1,904.10	$2,971.23
Anthem Dental	Dental Basic	$32.85	$68.94	$59.08	$95.19
Anthem Dental	Dental Enhanced	$66.82	$140.31	$120.23	$193.73
VSP	Vision Basic	$7.48	$15.36	$13.22	$21.10
VSP	Vision Enhanced	$19.78	$40.22	$34.68	$55.05
Anthem Behavioral Health	Employee Assistance Program	$2.09	$2.09	$2.09	$2.09