



COBRA Group Continuation Coverage January 1, 2017 to December 31, 2017

BAY AREA REGION			
<i>Alameda, Amador, Contra Costa, Marin, Napa, Nevada, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Solano, Sonoma, Sutter, Yuba</i>			
<u>Plan Name</u>	<u>EE Only</u>	<u>2 Party</u>	<u>Family</u>
Anthem Blue Cross HMO Select	799.13	1598.26	2077.74
Anthem Blue Cross HMO Traditional	1009.85	2019.70	2625.61
Blue Shield	1045.35	2090.69	2717.90
Health Net SmartCare	747.96	1495.91	1944.68
Kaiser	748.06	1496.12	1944.95
PERS Select	751.00	1501.99	1952.59
PERSCare	951.04	1902.08	2472.69
PERSChoice	846.91	1693.81	2201.96
PORAC	712.98	1496.34	1913.52
United Healthcare	1083.51	2167.01	2817.12

OTHER NORTHERN CALIFORNIA REGIONS			
<i>Apline, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Plumas, San Benito, Shasta, Sierra, Siskiyou, Stanislaus, Tehama, Trinity, Tuolumne</i>			
<u>Plan Name</u>	<u>EE Only</u>	<u>2 Party</u>	<u>Family</u>
Anthem Blue Cross HMO Select	909.97	1819.95	2365.93
Anthem Blue Cross HMO Traditional	1193.27	2386.53	3102.49
Blue Shield	973.60	1947.20	2531.36
Blue Shield EPO	973.60	1947.20	2531.36
Kaiser	748.67	1497.34	1946.54
PERS Select	742.00	1484.00	1929.20
PERSCare	939.66	1879.33	2443.12
PERSChoice	836.79	1673.58	2175.65
PORAC	712.98	1496.34	1913.52
United Healthcare	900.00	1799.99	2339.99

SACRAMENTO REGION			
<i>El Dorado, Placer, Sacramento, Yolo</i>			
<u>Plan Name</u>	<u>EE Only</u>	<u>2 Party</u>	<u>Family</u>
Anthem Blue Cross HMO Select	925.22	1850.44	2405.58
Anthem Blue Cross HMO Traditional	1312.14	2624.28	3411.56
Blue Shield	876.61	1753.22	2279.18
Health Net SmartCare	686.11	1372.23	1783.90
Kaiser	704.37	1408.74	1831.37
PERS Select	654.30	1308.60	1701.18
PERSCare	828.65	1657.30	2154.48
PERSChoice	737.94	1475.88	1918.64
PORAC	712.98	1496.34	1913.52
United Healthcare	771.92	1543.83	2006.98

BLENDED RATE FOR DELTA DENTAL/MES VISION			
<u>Plan Name</u>	<u>EE Only</u>	<u>2 Party</u>	<u>Family</u>
Base Dental/Vision \$1,500 yr	52.75	95.61	156.27
Premium Dental/Vision \$2,000yr	57.24	103.67	170.04
DENTAL ONLY - COBRA			
<u>Plan Name</u>	<u>EE Only</u>	<u>2 Party</u>	<u>Family</u>
Base Delta Dental \$1,500 yr	45.59	81.29	137.80
Premium Delta Dental \$2,000yr	50.08	89.35	151.57
VISION ONLY - COBRA			
<u>Plan Name</u>	<u>EE Only</u>	<u>2 Party</u>	<u>Family</u>
MES Vision	7.16	14.32	18.47

Rates:

Health Rates are calculated at 102%; however not all carriers will require 102%
Dental and Vision Rates are calculated at 2% of premium