



COBRA Group Continuation Coverage January 1, 2018 to December 31, 2018

BAY AREA REGION

*Alameda, Amador, Contra Costa, Marin, Napa, Nevada, San Francisco,
San Joaquin, San Mateo, Santa Clara, Santa Cruz, Solano, Sonoma,
Sutter, Yuba*

<u>Plan Name</u>	<u>EE Only</u>	<u>2 Party</u>	<u>Family</u>
Anthem Blue Cross HMO Select	873.54	1,747.08	2,271.20
Anthem Blue Cross HMO Traditional	943.98	1,887.96	2,454.34
Blue Shield	906.80	1,813.60	2,357.68
Health Net SmartCare	880.75	1,761.50	2,289.95
Kaiser	795.46	1,590.91	2,068.19
PERS Select	731.85	1,463.70	1,902.81
PERSCare	900.10	1,800.20	2,340.26
PERSChoice	816.28	1,632.55	2,122.31
PORAC	748.68	1,570.80	2,009.40
Western Health Advantage	808.41	1,616.82	2,101.87
United Healthcare	1,399.28	2,798.55	3,638.12

OTHER NORTHERN CALIFORNIA REGIONS

*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*

<u>Plan Name</u>	<u>EE Only</u>	<u>2 Party</u>	<u>Family</u>
Anthem Blue Cross HMO Select	929.12	1,858.24	2,415.71
Anthem Blue Cross HMO Traditional	973.85	1,947.69	2,532.00
Blue Shield	912.32	1,824.64	2,372.03
Kaiser	811.34	1,622.68	2,109.48
PERS Select	705.62	1,411.23	1,834.60
PERSCare	884.27	1,768.54	2,299.10
PERSChoice	830.24	1,660.48	2,158.63
PORAC	748.68	1,570.80	2,009.40
Western Health Advantage	759.69	1,519.37	1,975.18
United Healthcare	1,229.66	2,459.32	3,197.12

SACRAMENTO REGION

El Dorado, Placer, Sacramento, Yolo

<u>Plan Name</u>	<u>EE Only</u>	<u>2 Party</u>	<u>Family</u>
Anthem Blue Cross HMO Select	961.14	1,922.27	2,498.95
Anthem Blue Cross HMO Traditional	1,075.71	2,151.42	2,796.85
Blue Shield	822.84	1,645.69	2,139.40
Health Net SmartCare	1,000.44	2,000.87	2,601.13
Kaiser	718.04	1,436.08	1,866.91
PERS Select	698.60	1,397.20	1,816.35
PERSCare	813.56	1,627.12	2,115.27
PERSChoice	750.09	1,500.18	1,950.23
PORAC	748.68	1,570.80	2,009.40
Western Health Advantage	759.69	1,519.37	1,975.18
United Healthcare	848.05	1,696.10	2,204.92

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	49.9	90.51	147.6
Premium Dental/Vision \$2,000yr	54.08	98.06	160.56

DENTAL ONLY - COBRA

<u>Plan Name</u>	<u>EE Only</u>	<u>2 Party</u>	<u>Family</u>
Base Delta Dental \$1,500 yr	42.74	76.19	129.13
Premium Delta Dental \$2,000yr	46.92	83.74	142.09

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*