

**2002-21 Certificated COBRA Rates
Anthem Blue Cross HMO**

HMO20	\$20 DOV \$5/\$25/\$40 RX Monthly
Single	\$726.36
2~Party	\$1,452.72
Family	\$2,142.76
HMO30	\$30 DOV \$10/\$30/\$60 RX Monthly
Single	\$678.22
2~Party	\$1,356.44
Family	\$2,000.75
DHMO40	\$40 DOV \$500/\$1000 Ded \$10/\$30/\$60 RX Monthly
Single	\$614.68
2~Party	\$1,229.36
Family	\$1,813.31

Anthem Blue Cross H.S.A.

PLAN 1	\$1500/\$3000 90%/70% \$10/\$30 RX Monthly
Single	\$854.31
2~Party	\$1,708.62
Family	\$2,520.21

Kaiser HMO

HMO20	\$20 DOV \$10 RX Monthly
Single	\$675.84
2~Party	\$1,351.72
Family	\$1,912.67
DHMO500	\$20 DOV / \$10/30 RX \$500/1000 20% Monthly
Single	\$552.67
2~Party	\$1,105.38
Family	\$1,564.10

Dental

	Monthly
Delta Dental PPO-Incentive	S-\$59.37; 2-pty-\$118.74; F-\$175.14
Delta Dental PPO	S-\$50.10; 2-pty-\$100.20; F-\$147.80
Anthem Dental	S: \$40.94, 2-pty: \$81.88, F: \$120.77
DeltaCare HMO	S; 2-Pty; F - \$53.15*

*Delta HMO is a composite rate (same cost for all tiers)

Vision

	Monthly
VSP	S:\$5.10, 2-Pty: \$10.20, F: \$15.05
MES	S: \$4.50, 2-Pty: \$9.00; F: \$13.28