



## COBRA 2012 Monthly Rates

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#### Medical – Blue Shield EPO

Participant Only	\$700.40
Participant + Spouse/Registered Domestic Partner	\$1,540.89
Participant + Child(ren)	\$1,260.74
Participant + Family	\$2,101.23

#### Medical – Blue Shield PPO

Participant Only	\$759.94
Participant + Spouse/Registered Domestic Partner	\$1,671.87
Participant + Child(ren)	\$1,367.90
Participant + Family	\$2,279.83

#### Dental – Delta Dental PPO

Participant Only	\$38.96
Participant + Spouse/Registered Domestic Partner	\$79.96
Participant + Child(ren)	\$76.88
Participant + Family	\$128.20

#### Vision – Vision Service Plan (VSP)

Participant Only	\$6.64
Participant + Spouse/Registered Domestic Partner	\$11.19
Participant + Child(ren)	\$11.44
Participant + Family	\$19.10