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8/1/09 – 12/31/09
COBRA Self-Pay Rates

COBRA self-pay rates are subject to change every year for an effective date of January 1st. (However, this year as a result of collective bargaining, some benefit levels are experiencing a change on August 1st that warrants an interim reduction in the COBRA rates being charged. The amounts shown below reflect a 1-time, off-calendar rate change.) The rates will be reviewed again for January 1, 2010, and adjusted as appropriate for the expected costs and anticipated utilization in calendar year 2010. Coverage will be provided only as required by law. If the law changes, your rights will change accordingly. A change in your plan, residence or family members will result in a change in your rate.

CORE

Participants residing in California				Disabled COBRA Rates		
	One Person	Two Persons	Three or more	1	2	3 +
MPIHP/Blue Shield and Prescriptions	\$407.54	\$855.84	\$1,344.89	\$435.69	\$914.95	\$1,437.78
Kaiser and Prescriptions	\$386.77	\$780.75	\$1,128.42	\$400.43	\$808.58	\$1,169.49
Health Net and Prescriptions	\$405.63	\$818.76	\$1,205.10	\$425.10	\$858.22	\$1,263.60
Participants residing outside of California						
Oxford and Prescriptions	\$465.20	<i>none</i>	\$1,249.32	\$490.23	<i>none</i>	\$1,316.94
Blue Cross/Blue Shield and Prescriptions	\$329.29	\$691.51	\$1,086.65	\$349.69	\$734.35	\$1,153.97

NONCORE

Participants residing in California				Disabled COBRA Rates		
	One Person	Two Persons	Three or more	1	2	3+
MPIHP/Blue Shield, Delta Dental, Prescriptions and Vision Services	\$452.86	\$951.01	\$1,494.44	\$481.85	\$1,011.87	\$1,590.10
MPIHP/Blue Shield, DeltaCare USA Dental, Prescriptions and Vision Services	\$438.65	\$909.88	\$1,425.97	\$467.04	\$969.48	\$1,519.64
Kaiser, Delta Dental, Prescriptions and Vision Services	\$432.09	\$875.91	\$1,277.97	\$446.59	\$905.51	\$1,321.81
Kaiser, DeltaCare USA Dental, Prescriptions and Vision Services	\$417.88	\$834.79	\$1,209.50	\$431.78	\$863.11	\$1,251.35
Health Net, Delta Dental, Prescriptions and Vision Services	\$450.95	\$913.93	\$1,354.65	\$471.25	\$955.14	\$1,415.91
Health Net, DeltaCare USA Dental, Prescriptions and Vision Services	\$436.74	\$872.80	\$1,286.18	\$456.44	\$912.75	\$1,345.45
Participants residing outside of California						
Oxford, Delta Dental, Prescriptions and Vision Services	\$510.46	<i>none</i>	\$1,376.04	\$536.32	<i>none</i>	\$1,445.98
Blue Cross/Blue Shield, Delta Dental, Prescriptions and Vision Services	\$374.61	\$786.68	\$1,236.20	\$395.84	\$831.27	\$1,306.28

Note: The disabled COBRA rates reflect the 150% premium load allowed for disabled qualified beneficiaries who elect to extend their COBRA coverage beyond 18 months