



## 2016 COBRA Monthly Rates

COBRA self-pay rates are subject to change every year for an effective date of January 1st. Coverage will be provided only as required by law. If the law changes, your rights will change accordingly. The cost of COBRA Continuation Coverage may be subject to future change during the period it remains in effect. A change in your plan, residence or family members will result in a change in your rate.

### California Residents

BENEFIT TYPE	Regular Rates			Disabled COBRA Rates		
	One Person	Two	Three + Participants	One Participant	Two Participants	Three + Participants
<b>CORE: Hospital, medical and prescription drug coverage only</b>						
Anthem Blue Cross PPO	\$555.99	\$1,167.59	\$1,834.79	\$817.63	\$1,717.04	\$2,698.22
Kaiser Permanente HMO	\$515.37	\$1,082.29	\$1,700.76	\$757.89	\$1,591.60	\$2,501.11
Health Net HMO	\$619.23	\$1,249.40	\$1,839.55	\$910.63	\$1,837.35	\$2,705.22

### **NONCORE: Hospital, medical, prescription drug, vision and Delta Dental PPO**

Anthem Blue Cross PPO	\$600.92	\$1,261.95	\$1,983.08	\$883.70	\$1,855.80	\$2,916.29
Kaiser Permanente HMO	\$560.30	\$1,176.65	\$1,849.05	\$823.97	\$1,730.36	\$2,719.19
Health Net HMO	\$664.16	\$1,343.76	\$1,987.84	\$976.70	\$1,976.11	\$2,923.29

### **NONCORE: Hospital, medical, prescription drug, vision and Delta Care USA DMO**

Anthem Blue Cross PPO	\$587.06	\$1,222.21	\$1,916.84	\$863.32	\$1,797.36	\$2,818.88
Kaiser Permanente HMO	\$546.44	\$1,136.91	\$1,782.81	\$803.58	\$1,671.92	\$2,621.77
Health Net HMO	\$650.30	\$1,304.02	\$1,921.60	\$956.32	\$1,917.67	\$2,825.88

### Residents Outside of California

#### **CORE: Hospital, medical and prescription drug coverage only**

Anthem Blue Cross National PPO	\$503.21	\$1,056.75	\$1,660.61	\$740.01	\$1,554.04	\$2,442.07
Oxford POS (NY, NJ, CT only)	\$639.25	\$1,342.43	\$2,109.53	\$940.07	\$1,974.16	\$3,102.25

#### **NONCORE: Hospital, medical, prescription drug, vision and Delta Dental PPO**

Anthem Blue Cross National PPO	\$548.14	\$1,151.11	\$1,808.90	\$806.08	\$1,692.80	\$2,660.14
Oxford POS (NY, NJ, CT only)	\$684.18	\$1,436.79	\$2,257.82	\$1,006.14	\$2,112.92	\$3,320.32

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.