



County of San Bernardino
 Employee Benefits and Services Division
 2013-14 COBRA Premium Rate Table
COBRA Plan year is August 1 through July 31

| Plan | Single (Subscriber) | Two Party (Subscriber + 1) | Family (Subscriber + 2 or more) |
|---------------------------------------|------------------------|-------------------------------|------------------------------------|
| Kaiser | \$565.39 | \$1,164.30 | \$1,647.51 |
| Blue Shield Signature HMO | \$478.57 | \$957.18 | \$1,354.40 |
| Blue Shield PPO | \$960.40 | \$1,957.31 | \$3,038.00 |
| Blue Shield Needles PPO | \$ 1,084.38 | \$2,208.81 | \$3,422.58 |
| Cigna Dental DPPO | \$50.96 | \$97.75 | \$169.53 |
| Cigna Dental Care DHMO | \$16.80 | \$28.87 | \$38.49 |
| Vision – General | \$5.38 | - | - |
| Vision – Safety Unit | \$11.44 | \$11.44 | \$11.44 |
| Vision – Exempt Unit | \$13.46 | \$13.46 | \$13.46 |
| Vision – Voluntary Dependent Coverage | \$5.28 | \$12.67 | \$25.88 |

Rates are due and effective August 1, 2013 for coverage beginning August 1, 2013