County of San Bernardino
Employee Benefits and Services Division
2012-13 COBRA Premium Rate Table
Monthly COBRA Rates effective August 1, 2012

Plan	Subscriber Only	Subscriber + 1	Subscriber + 2 or more
Kaiser	$ 556.74	$ 1,113.49	$ 1,575.62
Blue Shield Signature HMO	$ 443.90	$ 887.80	$ 1,256.25
Blue Shield PPO	$ 987.23	$ 2,012.01	$ 3,122.90
Blue Shield Needles PPO	$ 1,114.68	$ 2,270.53	$ 3,518.22
Blue Shield PPO (Out of State)	$ 987.23	$ 2,012.01	$ 3,122.90
Please note that Dental & Vision COBRA coverage is only available for 18 months (Federal COBRA)			
Cigna Dental DPPO	$ 47.58	$ 91.10	$ 157.89
Cigna Dental Care DHMO	$ 16.00	$ 27.49	$ 36.66
EyeMed Vision – Exempt Unit	$ 12.01	$ 12.01	$ 12.01
EyeMed Vision – Firefighter	$ 4.58	$ 10.99	$ 22.45
EyeMed Vision – General Unit	$ 4.58	-	-
EyeMed Vision – Safety Unit	$ 10.12	$ 10.12	$ 10.12
EyeMed Vision – SPS & SPO	$ 4.58	$ 10.99	$ 22.45

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Premiums are due the first day of the month for which coverage is effective