



Human Resources Department
Employee Benefits and Service Division

2015-16 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	\$582.69	\$1,199.93	\$1,697.95
Blue Shield Signature HMO	\$493.37	\$986.76	\$1,396.26
Blue Shield PPO	\$919.36	\$1,873.65	\$2,908.15
Blue Shield Needles PPO	\$989.17	\$2,014.87	\$3,122.07
Cigna Dental DPPO	\$50.97	\$97.76	\$169.53
Cigna Dental Care DHMO	\$19.54	\$33.59	\$44.79
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

Payment is due and effective August 1, 2015, for coverage beginning August 1, 2015