

## "COBRA"

### GROUP CONTINUATION BENEFIT COVERAGE

Rates for January 1, 2010 thru December 31, 2011

Rates are calculated at 102%. Not all carriers, however, will require 102%.

	PLAN CODE	PLAN NAME	1 Party	2 Party	3 Party
HEALTH	205	Blue Shield HMO	\$613.71	\$1,227.43	\$1,595.66
	042	Blue Shield Net Value	\$528.07	\$1,056.15	\$1,372.99
	056	Kaiser	\$533.03	\$1,066.06	\$1,385.88
		**** Kaiser Out-of-State	\$546.16	\$1,092.32	\$1,420.01
	222	PersChoice	\$477.60	\$955.21	\$1,241.77
	045	PersSelect	\$477.60	\$955.21	\$1,241.77
	278	PersCare	\$866.59	\$1,733.18	\$2,253.14
	**** These premiums cover all regions of Kaiser Out-of-State				
DENTAL	007	Delta Premier (Basic Plan) <i>Rank and File Employees Only</i>	\$54.57	\$96.96	\$141.16
	007	Delta Premier (Basic Plan) <i>Dependents of Rank and File Employees</i>	\$47.49	\$72.09	\$94.87
	018	Delta PPO (Basic Plan) <i>Excluded &amp; Rank and File Employees Only</i>	\$46.35	\$91.85	\$139.13
	016	Safeguard	\$16.91	\$27.40	\$38.37
	009	DeltaCare USA	\$18.07	\$29.65	\$41.01
	020	Premier Access	\$16.96	\$27.48	\$38.48
	025	Western Dental	\$15.01	\$24.78	\$35.15
VISION	451-001 (Non Coben) 451-002 (Coben)	Vision Service Plan	\$8.81	\$8.81	\$8.81

FOR MORE DETAILED INFORMATION REGARDING THESE PLANS GO TO:

<http://www.dpa.ca.gov/benefits/main.htm>

FOR ENROLLMENT FORMS GO TO:

<http://www.santacruzcountyfire.com>

and Click on the link for **CZU Personnel**