



COUNTY OF SACRAMENTO

700 H STREET, SUITE 6750
 SACRAMENTO, CALIFORNIA 95814
 916-874-2020

2009 MONTHLY COBRA RATES

Health Plan	Coverage Level	#1 COBRA Premiums with no Federal Subsidy	#2 Cobra Premiums with Federal Subsidy and all dependents recognized by the IRS	#3 Cobra Premiums with Federal Subsidy and all dependents are not recognized by the IRS	#4 Cobra Premiums with Federal Subsidy and one or more dependents recognized by the IRS
Blue Shield HD PPO	Single Coverage Single + Family	\$553.21 \$1,327.69	\$193.62 \$464.69	N/A \$968.11	\$193.62 \$464.69
Blue Shield HMO	Single Coverage Single + Family	\$700.70 \$1,793.79	\$245.25 \$627.83	N/A \$1338.34	\$245.25 \$627.83
Health Net HMO	Single Coverage Single + Family	\$543.74 \$1,390.48	\$190.31 \$486.67	N/A \$1037.05	\$190.31 \$486.67
Kaiser HDHP	Single Coverage Single + Family	\$369.32 \$944.50	\$129.26 \$330.58	N/A \$704.44	\$129.26 \$330.58
Kaiser HMO	Single Coverage Single + Family	\$468.63 \$1,198.42	\$164.02 \$419.45	N/A \$893.81	\$164.02 \$419.45
Dental	Single Coverage Single + Family	\$99.57	\$34.85	\$34.85	\$34.85
EAP	Single Coverage Single + Family	\$5.95	\$2.08	\$2.08	\$2.08

Normally you can only select the coverage that was in force at the time of your qualifying event. However, if you qualify for the Federal Subsidy, you may select any plan or coverage level that is less expensive than the coverage you had at the time of your qualifying event.

Note: Payments are due on the first of the month and are considered late if not received or postmarked within 30 days inclusive after the date due.

See some examples below to determine which premium applies to your situation.

EXAMPLES:

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| Former employee who was involuntarily terminated | #2 |
| Former dependent of current employee | #1 |
| Former employee with Domestic Partner and/or DP children | #3 |
| Former employee with IRS dependent children and DP | #4 |
| Former employee who retired | #1 |