

**CITY OF RIVERSIDE
2010 COBRA
HEALTH, VISION and DENTAL**

HEALTH PROVIDER/COVERAGE CATEGORY*	MONTHLY MEDICAL PREMIUM	MONTHLY VISION PREMIUM	TOTAL (COBRA) MONTHLY PREMIUM**
Kaiser Permanente PREFERRED COBRA			
Single	\$449.73	\$6.64	\$465.50
2-Party	\$849.17	\$9.50	\$875.84
Family	\$1,135.20	\$17.00	\$1,175.24
Kaiser Permanente STANDARD COBRA			
Single	\$393.39	\$6.64	\$408.03
2-Party	\$763.18	\$9.50	\$788.13
Family	\$972.90	\$17.00	\$1,009.70
Kaiser Permanente VALUE COBRA			
Single	\$355.21	\$6.64	\$369.09
2-Party	\$689.10	\$9.50	\$712.57
Family	\$930.64	\$17.00	\$966.59
Blue Cross HMO PREFERRED COBRA			
Single	\$419.04	\$6.64	\$434.19
2-Party	\$848.16	\$9.50	\$874.81
Family	\$1,171.48	\$17.00	\$1,212.25
Blue Cross HMO STANDARD COBRA			
Single	\$405.14	\$6.64	\$420.02
2-Party	\$820.02	\$9.50	\$846.11
Family	\$1,132.62	\$17.00	\$1,172.61
Blue Cross HMO VALUE (SELECT) COBRA			
Single	\$362.80	\$6.64	\$376.83
2-Party	\$734.02	\$9.50	\$758.39
Family	\$1,013.40	\$17.00	\$1,051.01
BC PPO, Blue Card COBRA			
Single	\$690.48	\$6.64	\$711.06
2-Party	\$1,380.96	\$9.50	\$1,418.27
Family	\$1,760.74	\$17.00	\$1,813.29
Delta Dental DPO COBRA			
Single	\$63.28	N/A	\$64.55
2-Party	\$114.84	N/A	\$117.14
Family	\$161.70	N/A	\$164.93
Delta Care Dental PMI/DHMO COBRA			
Single	\$18.58	N/A	\$18.95
2-Party	\$28.18	N/A	\$28.74
Family	\$41.92	N/A	\$42.76
Local Advantage Dental Plan COBRA			
Single	\$63.28	N/A	\$64.55
2-Party	\$114.84	N/A	\$117.14
Family	\$161.70	N/A	\$164.93

RATES ARE SUBJECT TO CHANGE.

**** INCLUDES ADMINISTRATIVE FEE**