

**CITY OF RIVERSIDE
2012 COBRA
HEALTH, VISION and DENTAL**

HEALTH & DENTAL PROVIDER/COVERAGE CATEGORY*	MONTHLY MEDICAL/DENTAL PREMIUM	MONTHLY VISION PREMIUM	TOTAL (COBRA) MONTHLY PREMIUM**
Kaiser Permanente PREFERRED COBRA			
Single	\$496.51	\$6.64	\$513.21
2-Party	\$937.51	\$9.50	\$965.95
Family	\$1,253.29	\$17.00	\$1,295.70
Kaiser Permanente STANDARD COBRA			
Single	\$450.76	\$6.64	\$466.55
2-Party	\$874.49	\$9.50	\$901.67
Family	\$1,114.79	\$17.00	\$1,154.43
Kaiser Permanente VALUE COBRA			
Single	\$407.27	\$6.64	\$422.19
2-Party	\$790.10	\$9.50	\$815.59
Family	\$1,067.04	\$17.00	\$1,105.72
Blue Cross HMO PREFERRED COBRA			
Single	\$494.20	\$6.64	\$510.86
2-Party	\$1,000.32	\$9.50	\$1,030.02
Family	\$1,381.60	\$17.00	\$1,426.57
Blue Cross HMO STANDARD COBRA			
Single	\$473.00	\$6.64	\$489.23
2-Party	\$957.38	\$9.50	\$986.22
Family	\$1,322.32	\$17.00	\$1,366.11
Blue Cross HMO VALUE COBRA			
Single	\$413.34	\$6.64	\$428.38
2-Party	\$836.28	\$9.50	\$862.70
Family	\$1,154.58	\$17.00	\$1,195.01
BC PPO, Blue Card COBRA			
Single	\$696.94	\$6.64	\$717.65
2-Party	\$1,393.88	\$9.50	\$1,431.45
Family	\$1,777.22	\$17.00	\$1,830.10
Delta Dental DPO COBRA			
Single	\$65.82	N/A	\$67.14
2-Party	\$119.44	N/A	\$121.83
Family	\$168.18	N/A	\$171.54
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	\$65.82	N/A	\$67.14
2-Party	\$119.44	N/A	\$121.83
Family	\$168.18	N/A	\$171.54

RATES ARE SUBJECT TO CHANGE.

**** INCLUDES ADMINISTRATIVE FEE**