



**CITY OF RIVERSIDE
2016 COBRA
HEALTH, VISION and DENTAL**

HEALTH & DENTAL PROVIDER/COVERAGE CATEGORY*	MONTHLY MEDICAL/DENTAL PREMIUM	MONTHLY VISION PREMIUM	TOTAL (COBRA) MONTHLY PREMIUM**
Kaiser Permanente HMO 15 COBRA			
Single	\$521.46	\$6.64	\$538.66
2-Party	\$1,053.34	\$9.50	\$1,084.10
Family	\$1,407.92	\$17.00	\$1,453.42
Kaiser Permanente HMO 30 COBRA			
Single	\$472.12	\$6.64	\$488.34
2-Party	\$953.66	\$9.50	\$982.42
Family	\$1,274.70	\$17.00	\$1,317.53
Blue Cross HMO 15 COBRA			
Single	\$632.40	\$6.64	\$651.82
2-Party	\$1,280.04	\$9.50	\$1,315.33
Family	\$1,767.96	\$17.00	\$1,820.66
Blue Cross HMO 20 COBRA			
Single	\$535.94	\$6.64	\$553.43
2-Party	\$1,084.38	\$9.50	\$1,115.76
Family	\$1,497.10	\$17.00	\$1,544.38
BC PPO, Blue Card COBRA			
Single	\$876.62	\$6.64	\$900.93
2-Party	\$1,753.38	\$9.50	\$1,798.14
Family	\$2,236.18	\$17.00	\$2,298.24
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	\$20.62	N/A	\$21.03
2-Party	\$31.24	N/A	\$31.86
Family	\$46.52	N/A	\$47.45
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 2% ADMINISTRATIVE FEE