

COBRA RATES FOR 2009

Blue Shield HMO Health Plan

1 Person	515.12/MO
2 Persons	1030.24/MO
3 or more persons	1,339.31/MO

PERS Choice Health Plan

1 Person	487.25/MO
2 Persons	974.51/MO
3 or more persons	1,266.86/MO

PERS Select Health Plan

1 Person	457.64/MO
2 Persons	915.29/MO
3 or more persons	1,189.87/MO

PERS Care Health Plan

1 Person	757.26/MO
2 Persons	1,514.52/MO
3 or more persons	1,968.88/MO

Delta Enhanced II Dental Plan

1 Person	44.68/MO
2 Persons	84.29/MO
3 or more persons	164.67/MO

Delta Enhanced DeltaCare (formerly **PMI) Dental Plan**

1 Person	25.26/MO
2 Persons	41.70/MO
3 or more persons	61.66/MO

Delta Basic Dental Plan

1 Person	29.66/MO
2 Persons	56.03/MO
3 or more persons	112.52/MO

Delta Basic DeltaCare (formerly **PMI) Dental Plan**

1 Person	19.01/MO
2 Persons	31.37/MO
3 or more persons	46.37/MO

Vision Service Plan (VSP)

Employee + any number of dependents	9.31/MO
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