

2012 State Monthly Cobra Premium Rate
(includes 2% Administration Fee)

PLAN A			PLAN B			PLAN C			DELTA	SUPERIOR VISION		
COVERAGE TIER	BCBS	Coventry	UHC	BCBS	Coventry	UHC	BCBS	Coventry	UHC	Dental	Basic	Enhanced
Employee Only	\$557.18	\$573.89	\$585.03	\$521.51	\$538.23	\$549.37	\$505.91	\$522.63	\$533.77	\$22.02	\$4.45	\$7.41
Employee + Spouse	\$1,170.10	\$1,205.20	\$1,228.60	\$1,095.21	\$1,130.31	\$1,153.72	\$1,062.45	\$1,097.55	\$1,120.95	\$49.52	\$8.89	\$14.81
Employee + Child(ren)	\$1,002.94	\$1,033.02	\$1,053.08	\$938.74	\$968.83	\$988.89	\$910.66	\$940.75	\$960.81	\$55.02	\$8.02	\$13.32
Employee + Family	\$1,671.56	\$1,721.70	\$1,755.13	\$1,564.57	\$1,614.72	\$1,648.15	\$1,517.77	\$1,567.91	\$1,601.35	\$88.04	\$12.44	\$20.73