

2013 Non State Employer Group 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	\$591.12	\$591.63	\$591.97	\$590.05	\$590.55	\$590.89	\$500.25	\$500.32	\$500.37	\$42.01	\$4.45	\$8.89
Employee + Spouse	\$1,213.33	\$1,219.46	\$1,223.55	\$1,200.24	\$1,206.37	\$1,210.46	\$920.66	\$921.46	\$921.99	\$87.65	\$8.89	\$17.79
Employee + Child(ren)	\$1,174.72	\$1,179.70	\$1,183.02	\$1,164.11	\$1,169.08	\$1,172.40	\$915.82	\$916.47	\$916.90	\$84.45	\$8.02	\$16.01
Employee + Family	\$1,367.83	\$1,378.60	\$1,385.78	\$1,344.86	\$1,355.63	\$1,362.81	\$941.80	\$943.22	\$944.18	\$100.46	\$12.44	\$24.91