

2014 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	\$579.25	\$581.11	\$577.61	\$578.21	\$579.97	\$576.71	\$440.24	\$440.50	\$440.00	\$41.18	\$4.45	\$8.89
Employee + Spouse	\$1,188.50	\$1,211.08	\$1,168.45	\$1,175.71	\$1,197.26	\$1,157.50	\$833.35	\$836.99	\$830.15	\$85.96	\$8.89	\$17.79
Employee + Child(ren)	\$1,150.78	\$1,169.09	\$1,134.51	\$1,140.40	\$1,157.88	\$1,125.61	\$827.31	\$830.23	\$824.71	\$82.82	\$8.02	\$16.01
Employee + Family	\$1,339.50	\$1,379.13	\$1,304.30	\$1,317.05	\$1,354.88	\$1,285.07	\$857.60	\$863.95	\$851.96	\$98.52	\$12.44	\$24.91