



County of San Bernardino
Employee Benefits and Services Division
2014-15 COBRA Premium Rate Table

COBRA Plan year is August 1 through July 31

Plan	Single (Subscriber)	Two Party (Subscriber + 1)	Family (Subscriber + 2 or more)
Kaiser	\$590.13	\$1,215.27	\$1,719.66
Blue Shield Signature HMO	\$478.58	\$957.18	\$1,354.41
Blue Shield PPO	\$876.08	\$1,785.45	\$2,771.25
Blue Shield Needles PPO	\$ 989.17	\$2,014.87	\$3,122.07
Cigna Dental DPPO	\$50.97	\$97.76	\$169.53
Cigna Dental Care DHMO	\$18.09	\$31.10	\$41.47
Vision – General	\$5.38	-	-
Vision – Safety Unit	\$11.44	\$11.44	\$11.44
Vision – Exempt Unit	\$13.46	\$13.46	\$13.46
Vision – Voluntary Dependent Coverage	\$5.28	\$12.67	\$25.88

Rates are due and effective August 1, 2014, for coverage beginning August 1, 2014