



CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT
Office of Human Resource Services
Benefits Office



COBRA RATES
Monthly Premium Rates
Fiscal Year July 1, 2011 - June 30, 2012

COBRA	Monthly Premium	2% Administrative Fee	Participant Contribution
Kaiser Permanente HMO	\$	\$	\$
One Person	564.04	11.28	575.32
Two People	1,128.07	22.56	1,150.63
Three or more People	1,692.11	33.84	1,725.95
Anthem Blue Cross HMO (CaliforniaCare HMO Plan)			
One Person	784.48	15.69	800.17
Two People	1,567.57	31.35	1,598.92
Three or more People	2,588.64	51.77	2,640.41
Anthem Blue Cross HMO (Value HMO Plan - Mgmt Only)			
One Person	719.88	14.40	734.28
Two People	1,438.39	28.77	1,467.16
Three or more People	2,375.49	47.51	2,423.00
Anthem Blue Cross PPO			
One Person	1,162.77	23.26	1,186.03
Two People	2,325.97	46.52	2,372.49
Three or more People	3,837.77	76.76	3,914.53
Delta Dental			
One Person	65.19	1.30	66.49
Two People	130.39	2.61	133.00
Three or more People	192.32	3.85	196.17
VSP Vision			
One Person	13.46	.27	13.73
Two People	26.91	.54	27.45
Three or more People	40.37	.81	41.18

Rates are subject to change July 1 of each year.