

PHSA (Formerly known as COBRA) RATES

EFFECTIVE JANUARY 1, 2009

TYPE OF PLAN	LEVEL OF COVERAGE		
	SINGLE EE	EE PLUS ONE	EE PLUS TWO OR MORE
PPO			
BLUE CROSS BLUE SHIELD PPO	\$474.54	\$846.90	\$1,187.36
BLUE CROSS BLUE SHIELD SEASONAL PPO	\$156.60	\$304.88	\$498.69
HMO			
BLUE ADVANTAGE HMO	\$319.70	\$608.80	\$927.05
UNICARE HMO PERFORMANCE	\$421.25	\$878.56	\$1,231.97
COMPBENEFITS DENTAL HMO	\$10.89	\$25.17	\$25.17
COMPBENEFITS DENTAL PPO	\$17.85	\$33.35	\$57.02
VISION	\$3.37	\$6.73	\$10.10