

COBRA Monthly Premium Rate Chart

Effective January 1 – December 31, 2012

Enrollee, Spouse, and Dependent Children Rates

Coverage Level	Prime Care Advantage	Prime Advantage Value	Prime Advantage Plus	Independent Choice	Prime Care Connect ¹	Out-of-Area Plan ¹	Dental Plan	Vision Plan
Enrollee Only	\$495.81	\$454.46	\$561.67	\$686.43	\$545.43	\$495.81	\$23.32	\$7.94
Enrollee + Children	\$917.26	\$840.76	\$1,039.09	\$1,269.89	\$1,009.06	\$917.26	\$43.14	\$14.70
Enrollee + Spouse	\$1,041.21	\$954.37	\$1,179.52	\$1,441.50	\$1,145.41	\$1,041.21	\$52.47	\$17.88
Family	\$1,549.41	\$1,420.19	\$1,755.23	\$2,145.09	\$1,704.48	\$1,549.41	\$79.51	\$26.63

Enrollee, Dependent Children, Same-Sex Domestic Partner, and Same-Sex Domestic Partner Children Rates

Coverage Level	Prime Care Advantage	Prime Advantage Value	Prime Advantage Plus	Independent Choice	Prime Care Connect ¹	Out-of-Area Plan ¹	Dental Plan	Vision Plan
Same-Sex Domestic Partner Only	\$495.81	\$454.46	\$561.67	\$686.43	\$545.43	\$495.81	\$23.32	\$7.94
Enrollee + Same-Sex Domestic Partner	\$1,041.21	\$954.37	\$1,179.52	\$1,441.50	\$1,145.41	\$1,041.21	\$52.47	\$17.88
Same-Sex Domestic Partner + Same-Sex Domestic Partner's Children	\$917.26	\$840.76	\$1,039.09	\$1,269.89	\$1,009.06	\$917.26	\$43.14	\$14.70
Enrollee + Children + Same-Sex Domestic Partner	\$1,549.41	\$1,420.19	\$1,755.23	\$2,145.09	\$1,704.48	\$1,549.41	\$79.51	\$26.63
Enrollee + Same-Sex Domestic Partner + Same-Sex Domestic Partner's Children	\$1,549.41	\$1,420.19	\$1,755.23	\$2,145.09	\$1,704.48	\$1,549.41	\$79.51	\$26.63

Sponsored Dependent Rates

Note: The following rates apply to **each** sponsored dependent being covered and are in addition to the Enrollee and other dependent coverage rates.

Coverage Level	Prime Care Advantage	Prime Advantage Value	Prime Advantage Plus	Independent Choice	Prime Care Connect ¹	Out-of-Area Plan ¹	Dental Plan	Vision Plan
Non-Medicare Eligible Sponsored Dependent	\$894.48	\$818.04	\$1,010.82	\$1,235.22	\$891.48	\$891.48	\$23.32	\$7.94
Medicare Eligible Sponsored Dependent	\$451.86	\$446.76	\$471.24	\$479.40	\$451.86	\$451.86	\$23.32	\$7.94

¹ Enrollment in these plans requires meeting certain criteria and special application.