

**BAY AREA/SACRAMENTO REGION
"COBRA"
GROUP CONTINUATION COVERAGE
RATES FOR JANUARY 1, 2005 TO DECEMBER 31, 2005**

Rates are calculated at 102%; however not all carriers will require 102%

-- BASIC --				
PLAN CODE	PLAN NAME	1 Party	2 Party	3 Party
301	Blue Shield HMO	\$397.76	\$795.52	\$1,034.18
305	Kaiser	\$361.78	\$723.57	\$940.63
320	PERS Choice	\$377.13	\$754.27	\$980.55
325	PERSCare	\$632.33	\$1,264.66	\$1,644.06
207	PORAC	\$406.98	\$762.96	\$969.00
282	Western Health Advantage	\$328.92	\$657.84	\$855.19

Updated 06/04

**LOS ANGELES AREA REGION
"COBRA"
GROUP CONTINUATION COVERAGE
RATES FOR JANUARY 1, 2005 TO DECEMBER 31, 2005**

Rates are calculated at 102%; however not all carriers will require 102%

-- BASIC --				
PLAN CODE	PLAN NAME	1 Party	2 Party	3 Party
302	Blue Shield HMO	\$293.51	\$587.01	\$763.11
306	Kaiser	\$300.68	\$601.35	\$781.76
321	PERS Choice	\$351.00	\$702.00	\$912.60
326	PERSCare	\$588.50	\$1,177.00	\$1,530.10
207	PORAC	\$406.98	\$762.96	\$969.00

Updated 06/04

**OTHER SOUTHERN CALIFORNIA REGION
"COBRA"
GROUP CONTINUATION COVERAGE
RATES FOR JANUARY 1, 2005 TO DECEMBER 31, 2005**

Rates are calculated at 102%; however not all carriers will require 102%

-- BASIC --				
PLAN CODE	PLAN NAME	1 Party	2 Party	3 Party
304	Blue Shield HMO	\$329.72	\$659.43	\$857.26
308	Kaiser	\$314.40	\$628.81	\$817.45
323	PERS Choice	\$358.47	\$716.94	\$932.01
328	PERSCare	\$601.02	\$1,202.05	\$1,562.66
207	PORAC	\$406.98	\$762.96	\$969.00

Updated 06/04

**OTHER NORTHERN CALIFORNIA REGION
"COBRA"
GROUP CONTINUATION COVERAGE
RATES FOR JANUARY 1, 2005 TO DECEMBER 31, 2005**

Rates are calculated at 102%; however not all carriers will require 102%

-- BASIC --				
PLAN CODE	PLAN NAME	1 Party	2 Party	3 Party
303	Blue Shield HMO	\$402.15	\$804.29	\$1,045.58
307	Kaiser	\$369.83	\$739.66	\$961.56
322	PERS Choice	\$392.07	\$784.14	\$1,019.38
327	PERSCare	\$657.37	\$1,314.74	\$1,709.16
207	PORAC	\$406.98	\$762.96	\$969.00
282	Western Health Advantage	\$328.92	\$657.84	\$855.19

Updated 06/04

**OUT OF STATE REGION
"COBRA"
GROUP CONTINUATION COVERAGE
RATES FOR JANUARY 1, 2005 TO DECEMBER 31, 2005**

Rates are calculated at 102%; however not all carriers will require 102%

-- BASIC --				
PLAN CODE	PLAN NAME	1 Party	2 Party	3 Party
**	Kaiser Out-of-State	\$485.44	\$970.88	\$1,262.14
324	PERS Choice	\$410.74	\$821.49	\$1,067.93
329	PERSCare	\$688.67	\$1,377.35	\$1,790.55
207	PORAC	\$406.98	\$762.96	\$969.00
**	These premiums cover all Kaiser out-of-state areas.			
Updated 06/04				