

**BAY AREA/SACRAMENTO REGION
"COBRA"
GROUP CONTINUATION COVERAGE
RATES FOR JANUARY 1, 2006 TO DECEMBER 31, 2006**

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	\$434.01	\$868.02	\$1,128.43
305	Kaiser	\$397.17	\$794.34	\$1,032.64
320	PERS Choice	\$412.58	\$825.36	\$1,072.97
325	PERSCare	\$694.04	\$1,388.08	\$1,804.50
207	PORAC	\$406.98	\$762.96	\$969.00
282	Western Health Advantage	\$361.15	\$722.30	\$938.99

Updated 06/05

**LOS ANGELES AREA REGION
"COBRA"
GROUP CONTINUATION COVERAGE
RATES FOR JANUARY 1, 2006 TO DECEMBER 31, 2006**

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	\$319.24	\$638.48	\$830.03
306	Kaiser	\$312.67	\$625.34	\$812.94
321	PERS Choice	\$384.08	\$768.16	\$998.61
326	PERSCare	\$645.94	\$1,291.87	\$1,679.43
207	PORAC	\$406.98	\$762.96	\$969.00

Updated 06/05

**OTHER SOUTHERN CALIFORNIA REGION
"COBRA"
GROUP CONTINUATION COVERAGE
RATES FOR JANUARY 1, 2006 TO DECEMBER 31, 2006**

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	\$364.82	\$729.65	\$948.54
308	Kaiser	\$326.96	\$653.92	\$850.10
323	PERS Choice	\$392.25	\$784.50	\$1,019.86
328	PERSCare	\$659.67	\$1,319.35	\$1,715.15
207	PORAC	\$406.98	\$762.96	\$969.00

Updated 06/05

**OTHER NORTHERN CALIFORNIA REGION
"COBRA"
GROUP CONTINUATION COVERAGE
RATES FOR JANUARY 1, 2006 TO DECEMBER 31, 2006**

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	\$440.55	\$881.10	\$1,145.43
307	Kaiser	\$405.99	\$811.98	\$1,055.58
322	PERS Choice	\$429.02	\$858.04	\$1,115.46
327	PERSCare	\$721.52	\$1,443.03	\$1,875.94
207	PORAC	\$406.98	\$762.96	\$969.00
282	Western Health Advantage	\$361.15	\$722.30	\$938.99

Updated 06/05

**OUT OF STATE REGION
"COBRA"
GROUP CONTINUATION COVERAGE
RATES FOR JANUARY 1, 2006 TO DECEMBER 31, 2006**

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	\$537.86	\$1,075.71	\$1,398.43
324	PERS Choice	\$449.45	\$898.91	\$1,168.57
329	PERSCare	\$755.88	\$1,511.76	\$1,965.30
207	PORAC	\$406.98	\$762.96	\$969.00

** These premiums cover all Kaiser out-of-state areas.

Updated 06/05