Attachment 2

"COBRA" - STATE GROUP CONTINUATION COVERAGE RATES FOR JANUARY 1, 2007 TO DECEMBER 31, 2007

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

-- BASIC --

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PLAN				
CODE	PLAN NAME	1 Party	2 Party	3 Party
205	Blue Shield HMO	\$444.83	\$889.66	\$1,156.57
230	CA Assoc. Hwy. Patrolmen	\$530.43	\$1,029.74	\$1,346.82
256	CCPOA - North	\$396.39	\$792.97	\$1,070.07
266	CCPOA - South	\$327.12	\$654.41	\$883.75
056	Kaiser	\$409.72	\$819.45	\$1,065.28
**	Kaiser Out-of-State	\$589.38	\$1,178.75	\$1,532.38
222	PERS Choice	\$459.68	\$919.37	\$1,195.17
278	PERSCARE	\$777.12	\$1,554.24	\$2,020.51
207	PORAC	\$447.78	\$838.44	\$1,065.90
282	Western Health Advantage	\$403.77	\$807.53	\$1,049.79
**	These premiums cover all Kaiser out-of-state areas.			
Updated 07	/06			