Medical Rates Charged for COBRA and Extension/Continuation of Coverage (Non-Retiree)

Final 2010 PEBB Bid Rates
HCA Finance and Administration

	Non-Medicare				Medicare							
Plan Name	Subscriber	Subscriber and Spouse	Subscriber and Child(ren)	Full Family	Subscriber	Subscriber and Spouse (1 eligible)	Subscriber and Spouse (2 eligible)	Subscriber and Children (2 eligible)	Subscriber and Child(ren)	Full Family (1 eligible)	Full Family (2 eligible)	Full Family (3 eligible)
Aetna Public Employee Plan	$ 531.44	$ 1,056.44	$ 925.19	$ 1,450.19	$ 460.27	$ 985.27	$ 914.10	$ 914.10	$ 854.02	$ 1,379.02	$ 1,307.85	$ 1,367.93
Group Health Classic	$ 470.73	$ 935.02	$ 818.95	$ 1,283.24	$ 258.28	$ 722.57	$ 510.12	$ 510.12	$ 606.50	$ 1,070.79	$ 858.34	$ 761.96
Group Health Value	$ 421.44	$ 836.44	$ 732.69	$ 1,147.69	$ 242.45	$ 657.45	$ 478.46	$ 478.46	$ 553.70	$ 968.70	$ 789.71	$ 714.47
Kaiser Permanente Classic	$ 471.51	$ 936.58	$ 820.31	$ 1,285.38	$ 326.37	$ 791.44	$ 646.30	$ 646.30	$ 675.17	$ 1,140.24	$ 995.10	$ 966.23
Kaiser Permanente Value	$ 441.08	$ 875.72	$ 767.06	$ 1,201.70	$ 264.45	$ 699.09	$ 522.46	$ 522.46	$ 590.43	$ 1,025.07	$ 848.44	$ 780.47
Secure Horizons Classic	N/A	N/A	N/A	N/A	$ 393.59	N/A	$ 780.74	$ 780.74	N/A	N/A	N/A	$ 1,167.89
Secure Horizons Value	N/A	N/A	N/A	N/A	$ 247.60	N/A	$ 488.76	$ 488.76	N/A	N/A	N/A	$ 729.92
Uniform Medical Plan PPO	$ 440.20	$ 873.96	$ 765.52	$ 1,199.28	$ 319.29	$ 753.05	$ 632.14	$ 632.14	$ 644.61	$ 1,078.37	$ 957.46	$ 944.99

	Medicare Supplemental Plans							
Medicare Supplement Plans	Subscriber	Subscriber and Spouse (1 eligible)	Subscriber and Spouse (2 elig, 1 dis)	Subscriber and Spouse (2 eligible)	Subscriber and Child(ren)	Full Family (1 eligible)	Full Family (2 elig, 1 dis)	Full Family (2 eligible)
Plan E Retired	$ 132.24	$ 572.44	$ 357.05	$ 264.48	$ 464.00	$ 897.76	$ 688.81	$ 596.24
Plan E Disabled	$ 224.81	$ 665.01	$ 357.05	$ 449.62	$ 556.57	$ 990.33	$ 688.81	$ 781.38
Plan F Retired	$ 164.29	$ 604.49	$ 443.58	$ 328.58	$ 496.05	$ 929.81	$ 775.34	$ 660.34
Plan F Disabled	$ 279.29	$ 719.49	$ 443.58	$ 558.58	$ 611.05	$ 1,044.81	$ 775.34	$ 890.34
Plan J Retired without Rx (New 1/1/06)	$ 191.06	$ 631.26	$ 515.86	$ 382.12	$ 522.82	$ 956.58	$ 847.62	$ 713.88
Plan J Disabled without Rx (New 1/1/06)	$ 324.80	$ 765.00	$ 515.86	$ 649.60	$ 656.56	$ 1,090.32	$ 847.62	$ 981.36
Plan J Retired with Rx (Old)	$ 270.87	$ 711.07	$ 731.35	$ 541.74	$ 602.63	$ 1,036.39	$ 1,063.11	$ 873.50
Plan J Disabled with Rx (Old)	$ 460.48	$ 900.68	$ 731.35	$ 920.96	$ 792.24	$ 1,226.00	$ 1,063.11	$ 1,252.72

Note: Medicare Supplemental Plan F effective June 1, 2010