

2011 PEBB COBRA, Leave Without Pay, and Extension of Coverage Monthly Rates

Effective January 1, 2011

Special Requirements

1. To qualify for the Medicare rate, at least one covered family member must be enrolled in both Part A and Part B of Medicare. (Medicare rates are not available to Leave Without Pay members.)
2. Medicare-enrolled subscribers in Group Health Cooperative's Medicare Advantage plan, Kaiser Permanente Senior Advantage, or SecureHorizons must complete and sign the *Medicare Advantage Plan Election Form* to enroll in one of these plans. For more information on these requirements, please contact your health plan's customer service department.

Medical Plans					
Subscribers not eligible for Medicare (or enrolled in Part A only):	Group Health Classic	Group Health Value	Kaiser Permanente Classic	SecureHorizons Classic	Uniform Medical Plan, administered by Regence
Subscriber Only	\$ 519.80	\$ 479.29	\$ 554.22	N/A	\$ 509.63
Subscriber & Spouse*	1,033.36	952.34	1,102.20	N/A	1,013.02
Subscriber & Child(ren)	904.97	834.08	965.21	N/A	887.17
Full Family	1,418.53	1,307.13	1,513.19	N/A	1,390.56

Subscribers enrolled in Part A & Part B of Medicare:	Group Health Classic	Group Health Value	Kaiser Permanente Classic	SecureHorizons Classic	Uniform Medical Plan, administered by Regence
Subscriber Only	\$ 268.78	\$ 256.01	\$ 360.61	\$ 430.17	\$ 377.02
Subscriber & Spouse* (1 Medicare eligible)	782.34	729.06	908.59	N/A	880.41
Subscriber & Spouse* (2 Medicare eligible)	531.32	505.78	714.98	854.10	747.80
Subscriber & Child(ren) (1 Medicare eligible)	653.95	610.80	771.60	N/A	754.56
Subscriber & Child(ren) (2 Medicare eligible)	531.32	505.78	714.98	854.10	747.80
Full Family (1 Medicare eligible)	1,167.51	1,083.85	1,319.58	N/A	1,257.95
Full Family (2 Medicare eligible)	916.49	860.57	1,125.97	N/A	1,125.34
Full Family (3 Medicare eligible)	793.86	755.55	1,069.35	1,278.03	1,118.58

*or qualified/Washington State-registered domestic partner

(continued)

Medicare Supplement Plans

	Premera Blue Cross	
	Plan F (age 65 or older, eligible by age)	Plan F (under age 65, eligible by disability)
Subscriber Only	\$ 173.82	\$ 295.49
Subscriber & Spouse* (1 Medicare eligible)**	683.45	805.12
Subscriber & Spouse* (2 Medicare eligible - 1 retired, 1 disabled)	469.31	469.31
Subscriber & Spouse* (2 Medicare eligible)	347.64	590.98
Subscriber & Child(ren) (1 Medicare eligible)**	557.60	679.27
Full Family (1 Medicare eligible)**	1,060.99	1,182.66
Full Family (2 Medicare eligible - 1 retired, 1 disabled)**	853.09	853.09
Full Family (2 Medicare eligible)**	731.42	974.76

*or qualified/Washington State-registered domestic partner

**If a Medicare supplement plan is selected, non-Medicare eligible dependents are enrolled in the Uniform Medical Plan (UMP). The rates shown reflect the total due, including premiums for both plans.

The PEBB Program does not offer the high-deductible Medicare Supplement Plan F.

Dental Plans with Medical Plan	DeltaCare, administered by Washington Dental Service	Uniform Dental Plan, administered by Washington Dental Service	Willamette Dental	Dental Plans Dental Only	DeltaCare, administered by Washington Dental Service	Uniform Dental Plan, administered by Washington Dental Service	Willamette Dental
Subscriber Only	\$ 39.53	\$ 47.63	\$ 40.74	Subscriber Only	\$ 45.77	\$ 53.87	\$ 46.98
Subscriber & Spouse*	79.06	95.26	81.48	Subscriber & Spouse*	85.30	101.50	87.72
Subscriber & Child(ren)	79.06	95.26	81.48	Subscriber & Child(ren)	85.30	101.50	87.72
Full Family	118.59	142.89	122.22	Full Family	124.83	149.13	128.46

*or qualified/Washington State-registered domestic partner