

# HEALTH PLAN CONTRIBUTION RATES COBRA / AFFILIATED AGENCIES

Effective January 1, 2014

*Monthly Rates*

COBRA / AFFILIATED AGENCIES			
	Single	Employee +1	Family
Blue Shield PPO \$200 Deductible Plan	\$1,088.32	\$1,962.91	\$2,731.34
Blue Shield PPO \$1,250 ABHP*	\$856.32	\$1,545.91	\$2,151.34
Kaiser HMO	\$723.29	\$1,432.83	\$2,024.32
United Healthcare HMO	\$913.77	\$1,855.69	\$2,624.14

\* Account-Based Health Plan