

COBRA RATES INCLUDE 2%					
Tier	Keystone HMO 15 Local 634, GF Non Rep	PFT & SPAP Keystone HMO 20	Modified Personal Choice 320 CASA, Non Rep	Personal Choice 20/30/70 CASA, Non Rep	PFT & SPAP Personal Choice 25/35/50
Employee Only	\$546.42	\$540.58	\$544.34	\$645.11	\$632.01
Employee and Child	\$764.99	\$756.81	\$762.07	\$903.16	\$884.83
Employee and Children	\$983.55	\$973.04	\$979.81	\$1,161.21	\$1,137.64
Employee and Spouse/Life Partner	\$1,092.83	\$1,081.15	\$1,088.68	\$1,290.24	\$1,264.05
Employee and Family	\$1,639.25	\$1,621.74	\$1,633.01	\$1,935.34	\$1,896.06

Tier	Rx and Vision	N/A Rx and Vision	Dental
Employee Only	\$138.18	PFT	\$37.58
Employee and Child	\$359.25	PFT	\$67.63
Employee and Children	\$359.25	PFT	\$85.21
Employee and Spouse/Life Partner	\$359.25	PFT	\$67.63
Employee and Family	\$359.25	PFT	\$85.21

Tier	SPAP Keystone HMO 20 includes RX & VIS	SPAP Personal Choice 25/35/50 includes RX & VIS
Employee Only	\$678.76	\$770.19
Employee and Child	\$1,116.06	\$1,244.08
Employee and Children	\$1,332.29	\$1,496.89
Employee and Spouse/Life Partner	\$1,440.40	\$1,623.30
Employee and Family	\$1,980.99	\$2,255.31