

GROUP INFORMATION SHEET FOR 16533.20210101
 CITIZENS MEMORIAL HOSPITAL
 COBRA RATE CALCULATION

Get COBRA Rates from ER: Y Charge COBRA 2% Y Prorate Bills Y Include DP State Subsidy N
 Include 2% in Total N

Coverage Desc	Premium + AdminFee + Claim	% = Subtotal x 1.02 = Total	
EE MED BASIC	515.10	515.10	515.10
EE/SP MED BASIC	925.14	925.14	925.14
EE/CH MED BASIC	823.14	823.14	823.14
FAM MED BASIC	1285.20	1285.20	1285.20
EE MED BUYUP	597.72	597.72	597.72
EE/SP MED BUYUP	1075.08	1075.08	1075.08
EE/CH MED BUYUP	955.74	955.74	955.74
FAM MED BUYUP	1493.28	1493.28	1493.28
EE DENT BASIC	12.24	12.24	12.24
EE/SP DEN BASIC	38.76	38.76	38.76
EE/CH DEN BASIC	34.68	34.68	34.68
FAM DEN BASIC	62.22	62.22	62.22
EE DEN BUYUP	43.86	43.86	43.86
EE/SP DEN BUYUP	99.96	99.96	99.96
EE/CH DEN BUYUP	138.72	138.72	138.72
FAM DEN BUYUP	194.82	194.82	194.82
VISION EE	7.65	7.65	7.65
VISION EE+1	10.81	10.81	10.81
VISION EE+2	15.14	15.14	15.14

COBRA Remarks:

10-09-20 ANITAF
 NEW RATES FROM AE
 MERITAIN IS HANDLING STAND ALONE DENTAL & VISION COBRA.