

**PHSA (Formerly known as COBRA) RATES**

EFFECTIVE OCTOBER 1, 2011

TYPE OF PLAN	LEVEL OF COVERAGE		
	SINGLE EE	EE PLUS ONE	EE PLUS TWO OR MORE
<b>PPO</b>			
BLUE CROSS BLUE SHIELD PPO WITH VISION	\$604.22	\$1,079.05	\$1,513.50
BLUE CROSS BLUE SHIELD SEASONAL PPO	\$199.41	\$388.51	\$635.75
<b>HMO</b>			
BLUE ADVANTAGE HMO WITH VISION	\$383.87	\$730.81	\$1,112.50
BLUE PERFORM HMO WITH VISION	\$396.04	\$825.82	\$1,158.19
COMPBENEFITS DENTAL HMO	\$12.97	\$29.97	\$29.97
COMPBENEFITS DENTAL PPO	\$16.32	\$31.82	\$55.49
VISION ONLY	\$3.37	\$6.73	\$10.10