

2017 PHSA (formerly known as COBRA) RATES
FOR EMPLOYEES AND DEPENDENTS ENROLLED IN PLAN B (FOP)*

Effective January 1, 2017

TYPE OF PLAN	LEVEL OF COVERAGE		
	SINGLE EE	EE PLUS ONE	EE PLUS TWO OR MORE
BCBS PPO	\$641.68	\$1,171.44	\$1,609.77
BLUE ADVANTAGE HMO	\$463.48	\$934.35	\$1,367.71
BCBS DENTAL HMO	\$14.38	\$28.05	\$39.73
BCBS DENTAL PPO	\$20.91	\$39.41	\$52.22
VISION	\$3.05	\$6.10	\$9.15

*For Sworn Police Officers below the rank of Sergeant represented by the Fraternal Order of Police (FOP)