

2020 Monthly Premium Rates	Medical and Prescription Drugs	Optional Dental Insurance	Total With Dental
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BlueShield Co-Pay 5004			
Single	625.36	53.59	678.95
Two-Person	1,151.84	135.92	1,287.76
Family	1,202.73	153.23	1,355.96

CDPHP Co-Pay PPO			
Single	637.93	53.59	691.52
Two-Person	1,056.74	135.92	1,192.66
Family	1,243.54	153.23	1,396.77

CDPHP HD PPO			
Single	420.59	53.59	474.18
Two-Person	644.51	135.92	780.43
Family	740.32	153.23	893.55

Opt-Out Rates			
Single	100.00	53.59	153.59
Two-Person	100.00	135.92	235.92
Family	100.00	153.23	253.23

COBRA BlueShield Co-Pay 5004	Initial COBRA Premium	COBRA Admin Fee (to JFA)	Total COBRA Premium
Single	786.05	15.72	801.77
Two-Person	1,559.06	31.18	1,590.24
Family	1,738.93	34.78	1,773.71

COBRA CDPHP Co-Pay PPO	Initial COBRA Premium	COBRA Admin Fee (to JFA)	Total COBRA Premium
Single	825.65	16.51	842.16
Two-Person	1,458.08	29.16	1,487.24
Family	1,830.76	36.62	1,867.38

COBRA CDPHP HD PPO	Initial COBRA Premium	COBRA Admin Fee (to JFA)	Total COBRA Premium
Single	542.52	10.85	553.37
Two-Person	889.49	17.79	907.28
Family	1,093.26	21.87	1,115.13

COBRA CDPHP CECW	Initial COBRA Premium	COBRA Admin Fee (to JFA)	Total COBRA Premium
Single	562.06	11.24	573.30
Two-Person	943.20	18.86	962.06
Family	1,164.92	23.30	1,188.22

COBRA BSNENY Dental	Initial COBRA Premium	COBRA Admin Fee (to JFA)	Total COBRA Premium
Single	53.59	1.07	54.66
Two-Person	135.92	2.72	138.64
Family	153.23	3.06	156.29