2005 Kentucky Public Employee Health Insurance Group Total Premium COBRA Rates

	Essential	Enhanced	Premier
Region 1 - Anthem - Self-Insured			
Single	n/a	$ 411.35	$ 420.72
Couple	$ 728.27	$ 925.53	$ 946.62
Parent Plus	$ 485.52	$ 617.02	$ 631.08
Family	$ 809.20	$ 1,028.36	$ 1,051.80
Region 2 - Anthem - Self-Insured			
Single	n/a	$ 420.78	$ 430.39
Couple	$ 744.77	$ 946.75	$ 968.38
Parent Plus	$ 496.52	$ 631.18	$ 645.59
Family	$ 827.53	$ 1,051.96	$ 1,075.98
Region 3 - UnitedHealthcare			
Single	n/a	$ 402.70	$ 415.63
Couple	$ 693.36	$ 906.05	$ 935.14
Parent Plus	$ 462.26	$ 604.13	$ 623.46
Family	$ 770.43	$ 1,006.76	$ 1,039.09
Region 4 - Bluegrass Family Health			
Single	n/a	$ 412.04	$ 430.60
Couple	$ 742.60	$ 927.10	$ 968.88
Parent Plus	$ 495.07	$ 618.08	$ 645.90
Family	$ 825.10	$ 1,030.12	$ 1,076.51
Region 5 - Bluegrass Family Health			
Single	n/a	$ 408.65	$ 427.01
Couple	$ 736.52	$ 919.47	$ 960.80
Parent Plus	$ 490.99	$ 612.98	$ 640.52
Family	$ 818.33	$ 1,021.63	$ 1,067.53
Region 6 - UnitedHealthcare			
Single	n/a	$ 506.21	$ 522.40
Couple	$ 871.55	$ 1,138.86	$ 1,175.45
Parent Plus	$ 581.03	$ 759.17	$ 783.65
Family	$ 968.39	$ 1,265.33	$ 1,306.05
Region 7 - CHA			
Single	n/a	$ 456.47	$ 484.38
Couple	$ 777.73	$ 1,027.06	$ 1,089.85
Parent Plus	$ 518.49	$ 684.71	$ 726.57
Family	$ 864.14	$ 1,141.18	$ 1,210.94
Region 8 - CHA			
Single	n/a	$ 413.55	$ 438.84
Couple	$ 704.62	$ 930.48	$ 987.40
Parent Plus	$ 469.75	$ 620.32	$ 658.27
Family	$ 782.91	$ 1,033.87	$ 1,097.11