2004 Health Insurance Rates - COBRA

HMO Benefit Carrier and Rates

CODE	HMO	SINGLE		PARENT PLUS		COUPLE		FAMILY	
		A	B	A	B	A	B	A	B
091	Bluegrass Family Health	$ 378.71	$ 340.84	$ 568.06	$ 511.26	$ 852.11	$ 766.92	$ 946.76	$ 852.11
101	CHA Health	$ 388.09	$ 349.41	$ 582.13	$ 524.12	$ 873.20	$ 786.18	$ 970.22	$ 873.53
151	Humana - MBP	$ 348.02	$ 313.34	$ 522.04	$ 470.02	$ 783.07	$ 705.02	$ 870.06	$ 783.36

POS Benefit Carriers and Rates

CODE	POS	SINGLE		PARENT PLUS		COUPLE		FAMILY	
		A	B	A	B	A	B	A	B
092	Bluegrass Family Health	$ 476.99	$ 429.30	$ 715.51	$ 643.95	$ 1,073.24	$ 965.94	$ 1,192.50	$ 1,073.24
102	CHA Health	$ 436.72	$ 392.99	$ 655.08	$ 589.48	$ 982.63	$ 884.22	$ 1,091.81	$ 982.46
162	Humana	$ 572.55	$ 515.30	$ 858.84	$ 773.04	$ 1,288.26	$ 1,159.45	$ 1,431.43	$ 1,288.30

PPO Benefit Carriers and Rates

CODE	PPO	SINGLE		PARENT PLUS		COUPLE		FAMILY	
		A	B	A	B	A	B	A	B
093	Bluegrass Family Health	$ 294.13	$ 264.71	$ 441.21	$ 397.11	$ 661.86	$ 595.68	$ 735.38	$ 661.86
103	CHA Health	$ 318.24	$ 286.42	$ 477.36	$ 429.62	$ 716.04	$ 644.44	$ 795.60	$ 716.04
143	Humana	$ 291.88	$ 262.71	$ 437.82	$ 394.09	$ 656.76	$ 591.11	$ 729.71	$ 656.80

THERE ARE NO OUT-OF-NETWORK SERVICES FOR THE EPO PLAN.

EPO Benefit Carriers and Rates

CODE	EPO	SINGLE	PARENT PLUS	COUPLE	FAMILY
095	Bluegrass Family Health	$ 232.40	$ 348.60	$ 522.89	$ 580.99
105	CHA Health	$ 259.98	$ 389.97	$ 584.95	$ 649.94
145	Humana PPO	$ 219.30	$ 328.97	$ 493.44	$ 548.27