

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

EFFECTIVE JANUARY 1, 2010

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	\$550.90	\$983.90	\$1,380.12
BLUE CROSS BLUE SHIELD SEASONAL PPO	\$181.80	\$354.21	\$579.65
<b>HMO</b>			
BLUE ADVANTAGE HMO WITH VISION	\$356.13	\$678.44	\$1,033.66
BLUE PERFORM HMO WITH VISION*	\$455.77	\$950.60	\$1,332.98
COMPBENEFITS DENTAL HMO	\$10.89	\$25.17	\$25.17
COMPBENEFITS DENTAL PPO	\$16.32	\$31.82	\$55.49
VISION ONLY	\$3.37	\$6.73	\$10.10