

**2010 COBRA Rates and Payment Information**  
(These are the rates for participants that do not qualify for the subsidy).

	Current Rates Valid Through:	Check Information Make Checks Payable To:	Monthly Rates	
			Single	Family
<b><u>Medical Plans</u></b>				
Kaiser	01/01/10 - 12/31/10	Kaiser Bills Directly	\$ 486.06	\$ 1,207.20
Blue Shield HMO	01/01/10 - 12/31/10	City of San Jose	\$ 551.00	\$ 1,415.47
Blue Shield POS	01/01/10 - 12/31/10	City of San Jose	\$ 765.02	\$ 1,966.03
Blue Shield PPO	01/01/10 - 12/31/10	City of San Jose	\$ 765.02	\$ 1,966.03
<b><u>Dental Plans</u></b>				
DeltaCare HMO	01/01/06 - 12/31/10	City of San Jose	\$ 50.98	\$ 50.98
Delta Dental PPO	01/01/10 - 12/31/10	City of San Jose	\$ 113.71	\$ 113.71
<b><u>Employee Assistance Program (EAP)</u></b>				
EAP Non-Sworn	01/01/10 - 12/31/10	City of San Jose	\$ 2.97	\$ 2.97
EAP Sworn Police/Fire	01/01/10 - 12/31/10	City of San Jose	\$ 21.53	\$ 21.53

	Current Rates Valid Through:	Check Information Make Checks Payable To:	Monthly Rates		
			Single	EE + 1	EE + Family
<b><u>Vision Plans</u></b>					
Vision Service Plan (VSP)					
MEF, CEO, & AMSP Benefited Employees	01/01/10 -12/31/10	City of San Jose	\$ 7.89	\$ 11.18	\$ 20.54
All Other Benefited Employees	01/01/10 -12/31/10	City of San Jose	\$ 12.83	\$ 18.24	\$ 32.56
EyeMed Vision Care					
MEF, CEO, & AMSP Benefited Employees	01/01/10 -12/31/10	City of San Jose	\$ 4.57	\$ 7.71	\$ 10.83
All Other Benefited Employees	01/01/10 -12/31/10	City of San Jose	\$ 6.92	\$ 13.40	\$ 16.46
EyeMed Vision Care Eyewear Materials-Only					
MEF, CEO, & AMSP Benefited Employees	01/01/10 -12/31/10	City of San Jose	\$ 4.22	\$ 7.06	\$ 9.93
All Other Benefited Employees	01/01/10 -12/31/10	City of San Jose	\$ 6.02	\$ 11.61	\$ 14.22

Effective 01/01/2010 - 12/31/2010. Rates subject to change per Plan contract.

## 2010 FEDERAL SUBSIDY COBRA Rates and Payment Information

(These are the rates for participants that qualify for the subsidy).

	Current Rates	Check Information	Subsidy Monthly Rates	
	Valid Through:	Make Checks Payable To:	Single EE Rate (35% total cost)	Family EE Rate (35% total cost)
<b><u>Medical Plans</u></b>				
Kaiser	01/01/10 - 12/31/10	Kaiser Bills Directly	\$ 170.12	\$ 422.52
Blue Shield HMO	01/01/10 - 12/31/10	City of San Jose	\$ 192.85	\$ 495.41
Blue Shield POS	01/01/10 - 12/31/10	City of San Jose	\$ 267.76	\$ 688.11
Blue Shield PPO	01/01/10 - 12/31/10	City of San Jose	\$ 267.76	\$ 688.11
<b><u>Dental Plans</u></b>				
DeltaCare HMO	01/01/06 - 12/31/10	City of San Jose	\$ 17.84	\$ 17.84
Delta Dental PPO	01/01/10 - 12/31/10	City of San Jose	\$ 39.80	\$ 39.80
<b><u>Employee Assistance Program (EAP)</u></b>				
EAP Non-Sworn -	01/01/10 - 12/31/10	City of San Jose	\$ 1.04	\$ 1.04
EAP Sworn Police/Fire	01/01/10 - 12/31/10	City of San Jose	\$ 7.54	\$ 7.54

	Current Rates	Check Information	Subsidy Monthly Rates		
	Valid Through:	Make Checks Payable To:	Single EE rate (35% total cost)	EE+1 (35% total cost)	Family (35% total cost)
<b><u>Vision Plans</u></b>					
Vision Service Plan (VSP)					
MEF, CEO, & AMSP Benefited Employees	01/01/10 - 12/31/10	City of San Jose	\$ 2.76	\$ 3.91	\$ 7.19
All Other Benefited Employees	01/01/10 - 12/31/10	City of San Jose	\$ 4.49	\$ 6.38	\$ 11.40
EyeMed Vision Care					
MEF, CEO, & AMSP Benefited Employees	01/01/10 - 12/31/10	City of San Jose	\$ 1.60	\$ 2.70	\$ 3.79
All Other Benefited Employees	01/01/10 - 12/31/10	City of San Jose	\$ 2.42	\$ 4.69	\$ 5.76
EyeMed Vision Care Eyewear Materials-Only					
MEF, CEO, & AMSP Benefited Employees	01/01/10 - 12/31/10	City of San Jose	\$ 1.48	\$ 2.47	\$ 3.48
All Other Benefited Employees	01/01/10 - 12/31/10	City of San Jose	\$ 2.11	\$ 4.06	\$ 4.98

Effective 01/01/2010 - 12/31/2010. Rates subject to change per Plan contract.  
Subsidy reduced COBRA premiums can last up to 9 months.