

Baltimore County Public Schools
Medical, Dental, & Vision Premiums for COBRA
Effective 1/1/2012 - 12/31/2012

MEDICAL INSURANCE	Monthly COBRA Premium
CareFirst BlueCross BlueShield Triple Choice/MPOS	
Individual	\$ 636.02
Parent/Child	1,260.12
Two Adults	1,517.76
Family	1,711.22
CIGNA OAPIN (In Network)	
Individual	\$ 480.68
Parent/Child	952.34
Two Adults	1,147.05
Family	1,293.27
CIGNA OAP (In/Out Network)	
Individual	\$ 542.64
Parent/Child	1,075.12
Two Adults	1,294.92
Family	1,459.98
Kaiser Permanente HMO (Maryland only)	
Individual	558.45
Parent/Child(ren)	1,106.39
Two Adults	1,332.62
Family	1,502.50

DENTAL INSURANCE	Monthly COBRA Premium
CareFirst Regional Dental PPO	
Individual	\$ 24.26
Parent/Child or Two Adults	52.54
Family	79.65
CareFirst Regional Dental Traditional	
Individual	27.48
Parent/Child or Two Adults	57.62
Family	96.78
CIGNA Dental DHMO	
Individual	32.65
Parent/Child(ren) or Two Adults	62.58
Family	94.08

VISION INSURANCE	Monthly COBRA Premium
CareFirst Davis Vision	
Individual (Free if FTE is .5 or greater)	\$ 2.91
Family (includes Parent/Child and Two Adults)	11.16