

Baltimore County Public Schools
Medical, Dental, & Vision Premiums for COBRA
Effective 9/1/2009 - 8/31/2010

MEDICAL INSURANCE

Monthly COBRA Premium

CareFirst BlueCross BlueShield Triple Choice/MPOS

Individual	\$ 557.00
Parent/Child	1,103.56
Two Adults	1,329.19
Family	1,498.62

Kaiser Permanente HMO (Maryland only)

Individual	478.51
Parent/Child(ren)	909.20
Two Adults	1,124.52
Family	1,435.54

Keystone Health Plan HMO (Pennsylvania only)

Individual	516.04
Parent/Child	1,006.28
Two Adults	1,135.35
Family	1,625.54

DENTAL INSURANCE

Monthly COBRA Premium

CareFirst Regional Dental PPO

Individual	\$ 24.67
Parent/Child or Two Adults	53.45
Family	81.03

CareFirst Regional Dental Traditional

Individual	27.96
Parent/Child or Two Adults	58.62
Family	98.45

CIGNA Dental DHMO

Individual	32.01
Parent/Child(ren) or Two Adults	61.35
Family	92.24

VISION INSURANCE

Monthly COBRA Premium

Vision Service Plan

Individual	\$ 3.21
Family (includes Parent/Child and Two Adults)	12.32