"COBRA" GROUP CONTINUATION COVERAGE RATES FOR JANUARY 1, 2004 TO DECEMBER 31, 2004

Rates are calculated at 102%. Not all carriers, however, will require 102%

BASIC				
PLAN				
CODE	PLAN NAME	1 Party	2 Party	3 Party
205	Blue Shield HMO	\$321.52	\$643.05	\$835.96
230	CA Assoc. Hwy. Patrolmen	\$365.16	\$708.90	\$927.18
274	CCPOA - North	\$315.16	\$630.33	\$850.94
284	CCPOA - South	\$261.92	\$523.84	\$707.18
56	Kaiser	\$311.53	\$623.06	\$809.97
**	Kaiser Out-of-State	\$435.47	\$870.94	\$1,132.22
222	PERS Choice	\$356.40	\$712.80	\$926.64
278	PERSCARE	\$555.67	\$1,111.33	\$1,444.73
207	PORAC	\$406.98	\$747.66	\$949.62
282	Western Health Advantage	\$286.02	\$572.04	\$743.65
**	These premiums cover all Regions o	of Kaiser Out-of-State	е.	