

**PWCPS HEALTH INSURANCE PROGRAM:COBRA PREMIUMS**

July 1, 2011 - June 30, 2012

**COBRA**

In Column A, indicate your choice of coverage.  
**(A)**

Column B, indicates new monthly premium.  
**(B)**

**Anthem BCBS and Delta Dental**

| <b>KeyCare ENHANCED (PPO)</b>                  | <b>Monthly Premium</b> |
|--|------------------------|
| <input type="checkbox"/> Employee Only         | \$545.64               |
| <input type="checkbox"/> Employee + Child(ren) | \$990.30               |
| <input type="checkbox"/> Employee/Spouse       | \$1,136.57             |
| <input type="checkbox"/> Family                | \$1,634.24             |
| <b>KeyCare CORE (PPO)</b>                      |                        |
| <input type="checkbox"/> Employee Only         | \$498.72               |
| <input type="checkbox"/> Employee + Child(ren) | \$906.66               |
| <input type="checkbox"/> Employee/Spouse       | \$1,039.67             |
| <input type="checkbox"/> Family                | \$1,495.52             |
| <b>Healthkeepers (HMO)</b>                     |                        |
| <input type="checkbox"/> Employee Only         | \$473.22               |
| <input type="checkbox"/> Employee + Child(ren) | \$860.76               |
| <input type="checkbox"/> Employee/Spouse       | \$984.59               |
| <input type="checkbox"/> Family                | \$1,427.18             |

Signature

Date

Social Security No.

**RETURN COMPLETED FORM TO THE BENEFITS OFFICE**