

COBRA Continuation of Group Coverage - Costs

Updated January 2000

- If you are changing medical or dental plans, please call the new carrier before completing the form to verify that coverage is available in your area.
- The monthly cost for the 1st through 18th months of COBRA coverage is 102% of the applicable monthly premium.
- If you are disabled as determined by the Social Security Administration, you may qualify for an extended COBRA continuation period. The monthly cost for the 19th through 29th months of COBRA coverage is 150% of the applicable monthly premium.
- If you are age 60 or older and have five years of UC service at the time of termination, you (and/or your spouse or same-sex domestic partner) may be eligible for an extension of medical coverage beyond the COBRA continuation period. Former spouses or same-sex domestic partners who continued medical coverage under COBRA as a qualified beneficiary may also be eligible for an additional five years. The monthly cost for coverage under this provision is 213% of the applicable monthly premium.
- Call your health plan carrier for more information about monthly cost if either of the above extensions applies to you.

Monthly COBRA Premium Information

(for 18-month and 36-month COBRA periods only)

Effective January 1, 2000 - December 31, 2000

MEDICAL 2000				
Insurance Carrier	Policy/Phone Number	Single	Two-Party	Family
Core Medical Plan (California) Sykes Healthplan Services, Inc. (SHPS) COBRA Operations P.O. Box 34640 Louisville, KY 40232-4640	Policy Number: 97000 (800)636-0400	\$30.60	\$61.20	\$70.38
Health Net Membership Department Attn: COBRA Direct Pay P.O. Box 9103 Van Nuys, CA 91409-9103	Policy Number: 50478T (Include policy # on envelope) (800)522-0088	\$164.45	\$345.34	\$444.03
High Option Plan Sykes Healthplan Services, Inc. (SHPS) COBRA Operations P.O. Box 34640 Louisville, KY 40232-4640	Policy Number: 97000 (800)636-0400	\$1,072.02	\$2,019.60	\$2,604.06
Kaiser Foundation Health Plan, Inc. (California -- North) Attn: COBRA P.O. Box 23127 San Diego, CA 92193-3127	Policy Number: 7-5000 (888)236-4490	\$160.30	\$336.63	\$432.82

<p>Kaiser Foundation Health Plan, Inc. (California -- South) Attn: COBRA P.O. Box 23127 San Diego, CA 92193-3127</p>	<p>Policy Number: 1026XX-36 (888)236-4490</p>	<p>\$160.30</p>	<p>\$336.63</p>	<p>\$432.82</p>
<p>PacifiCare of California Subscriber Receivables 5701 Katella Avenue, CY24-597 Cypress, CA 90630-4729</p>	<p>(800)591-9911, ext. 11553</p>	<p>\$157.69</p>	<p>\$331.15</p>	<p>\$425.77</p>
<p>UC Care Sykes Healthplan Services, Inc. (SHPS) COBRA Operations P.O. Box 34640 Louisville, KY 40232-4640</p>	<p>Policy Number: 97300 (800)636-0400</p>	<p>\$200.32</p>	<p>\$420.36</p>	<p>\$541.34</p>
<p>Western Health Advantage COBRA Enrollment 1331 Garden Highway, Suite 100 Sacramento, CA 95833-9773</p>	<p>Policy Number: 00-1021 (888)563-2251 (916)563-2251</p>	<p>\$146.16</p>	<p>\$299.95</p>	<p>\$406.80</p>

DENTAL 2000

Insurance Carrier	Policy/Phone Number	Single	Two-Party	Family
<p>Delta Dental Plan of California c/o Preferred Benefit Insurance Attn: COBRA P.O. Box 5062 San Mateo, CA 94402</p>	<p>Policy Number: 4999 (800)987-7527 ext. 134</p>	<p>\$30.91</p>	<p>\$56.94</p>	<p>\$98.98</p>
<p>PMI Dental Plan <i>(Available only to California residents)</i> Attn: COBRA 12898 Towne Center Drive Cerritos, CA 90703</p>	<p>(800)422-4234 (562)924-8311</p>	<p>\$15.10</p>	<p>\$26.52</p>	<p>\$34.88</p>

OPTICAL 2000

Insurance Carrier	Policy/Phone Number	Single	Two-Party	Family
<p>Vision Service Plan Attn: COBRA P.O. Box 997100 Sacramento, CA 95899-7100</p>	<p>Policy Number: 0101923 (800)852-7600 (916)851-5000 ext. 4637</p>	<p>\$12.52</p>	<p>\$12.52</p>	<p>\$12.52</p>

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