

STANFORD UNIVERSITY
2008 COBRA Monthly Rates

MEDICAL PLANS	Subscriber Cost	Dependent Cost
Health Net HMO		
Employee Only	\$ 500.92	\$ 500.92
Employee & Spouse/Domestic Partner	1,051.96	
Employee & Children	901.65	901.65
Employee & Family	1,452.69	
Kaiser Permanente HMO		
Employee Only	408.16	408.16
Employee & Spouse/Domestic Partner	857.17	
Employee & Children	734.69	734.69
Employee & Family	1,183.70	
PacifiCare HMO		
Employee Only	445.21	445.21
Employee & Spouse/Domestic Partner	934.98	
Employee & Children	801.38	801.38
Employee & Family	1,291.15	
Blue Shield PPO Plan		
Employee Only	733.32	733.32
Employee & Spouse/Domestic Partner	1,540.00	
Employee & Children	1,319.96	1,319.96
Employee & Family	2,126.65	
Blue Shield High Deductible PPO Plan		
Employee Only	589.66	589.66
Employee & Spouse/Domestic Partner	1,238.31	
Employee & Children	1,061.38	1,061.38
Employee & Family	1,710.04	
DENTAL PLANS		
Delta Premier		
Employee Only	\$ 42.88	\$ 42.88
Employee & Spouse/Domestic Partner	90.03	
Employee & Children	77.17	77.17
Employee & Family	124.32	
Delta Dental PPO		
Employee Only	46.04	46.04
Employee & Spouse/Domestic Partner	96.68	
Employee & Children	82.86	82.86
Employee & Family	133.52	
VISION SERVICE PLAN (VSP)		
Subscriber Cost		
Dependent Cost		
Employee Only	\$ 8.83	\$ 8.83
Employee & Spouse/Domestic Partner	14.14	
Employee & Children	14.42	14.42
Employee & Family	23.26	

