

# COBRA MONTHLY HEALTH CARE BENEFITS RATES

Effective January 1, 2012 – December 31, 2012

Make check payable to - State of Montana

## MEDICAL RATES

<u>Available Plans</u>	<u>Traditional</u>	<u>Blue Choice</u>	<u>New West*</u>
COBRA Only	\$709.92	\$695.64	\$695.64
COBRA + Spouse	\$887.40	\$873.12	\$873.12
COBRA + Children	\$798.66	\$784.38	\$784.38
COBRA + Family	\$940.44	\$926.16	\$926.16

\*Not available in all areas

Rates include prescription drug plan URx

## Dental Rates      Vision Rates

\$35.60	\$7.79
\$54.18	\$14.71
\$52.61	\$15.48
\$60.55	\$22.71

**Life Insurance** – COBRA does not provide for continuation of life coverage under the State Plan. Conversion forms for Plan A, B, C, and D are available upon request from Health Care and Benefits Division (406) 444-7462, (800) 287-8266, TTY (406) 444-1421, [benefitsquestions@mt.gov](mailto:benefitsquestions@mt.gov)

**Medicare Eligibility** – NO health care benefits are allowed under the State Plan after a COBRA individual becomes Medicare eligible, unless the individual is Medicare eligible due to end-stage renal disease or Medicare eligible prior to electing COBRA. Conversion applications for medical coverage only are available through Blue Cross Blue Shield of Montana and must be submitted within 30 days from the date coverage terminated.