

MEMORANDUM

TO: Persons Electing Benefit Coverage from BOCES through **COBRA**
FROM: Anne L. Kennison/Nicole Yamin/Richard Dunn - Employee Benefits
SUBJECT: **COBRA Health, Dental/Ortho and Vision Monthly Rates**
Effective July 1, 2011 - June 30, 2012

HEALTH INSURANCE

NYSHIP - Individual	\$707.80	
NYSHIP - Family	\$1,544.20	
(Rates Effective January 1, 2011 - December 31, 2011)		
BS Community Blue/Medco Rx. - Individual	\$950.82	
BS Community Blue/Medco Rx. - Family	\$2,230.75	
CDPHP/Medco Rx. - Individual	\$773.06	Effective 8/1/11 - 6/30/12
*CDPHP/Medco Rx. - Individual	\$746.53	Effective 7/1/11 - 7/31/11
CDPHP/Medco Rx. - Family	\$1,690.38	Effective 8/1/11 - 6/30/12
*CDPHP/Medco Rx. - Family	\$1,653.65	Effective 7/1/11 - 7/31/11
MVP/Medco Rx. - Individual	\$810.19	
MVP/Medco Rx. - Family	\$1,783.22	

METLIFE DENTAL/ORTHO INSURANCE

Individual	\$44.22
Family	\$140.92

VISION CARE INSURANCE (PAO)

Individual	\$3.51
Family	\$9.12

VISION CARE INSURANCE (NON- PAO)

Individual	\$4.51
Family	\$11.73

PLEASE NOTE:

If electing COBRA coverage please make checks payable to Capital Region BOCES and mail them to Capital Region BOCES, 900 Watervliet-Shaker Road, Suite 102 Albany, New York 12205.

It is important that you understand you will not receive a bill. Payments are due by the first of every month. Please indicate on your check what coverage you are paying for (Health, Dental/Ortho, Vision) and for what month(s) you are paying for.

If at the time you are electing COBRA coverage and wish to change from Family to Individual coverage, you must complete new insurance forms. Please contact us at that time.

If you have any questions please do not hesitate to contact Anne Kennison at (518) 862-4912 or Nicole Yamin at (518) 862-4913 or Richard Dunn at (518) 862-4934.

*CDPHP holding rate for one month due to a filing issue.