

COBRA Rates for Plan Year 1-1-08 through 12-31-08

	Premium	2% Service Chg	Total COBRA Monthly Premium
Plan B			
Employee Only	\$416.00	\$8.32	\$424.32
Employee/Child	\$580.00	\$11.60	\$591.60
Employee/Children	\$693.00	\$13.86	\$706.86
Employee/Spouse	\$832.00	\$16.64	\$848.64
Employee/Family	\$1,025.00	\$20.50	\$1,045.50
Plan T			
Employee Only	\$287.00	\$5.74	\$292.74
Employee/Child	\$435.00	\$8.70	\$443.70
Employee/Children	\$521.00	\$10.42	\$531.42
Employee/Spouse	\$610.00	\$12.20	\$622.20
Employee/Family	\$780.00	\$15.60	\$795.60
Core Plan			
Employee Only	\$385.00	\$7.70	\$392.70
Employee/Child	\$531.00	\$10.62	\$541.62
Employee/Children	\$640.00	\$12.80	\$652.80
Employee/Spouse	\$768.00	\$15.36	\$783.36
Employee/Family	\$948.00	\$18.96	\$966.96
Plan H			
Employee Only	\$623.00	\$12.46	\$635.46
Employee/Child	\$864.00	\$17.28	\$881.28
Employee/Children	\$1,044.00	\$20.88	\$1,064.88
Employee/Spouse	\$1,255.00	\$25.10	\$1,280.10
Employee/Family	\$1,526.00	\$30.52	\$1,556.52
Standard Dental			
Employee Only	\$36.00	\$0.72	\$36.72
Employee/Child	\$55.00	\$1.10	\$56.10
Employee/Children	\$65.00	\$1.30	\$66.30
Employee/Spouse	\$72.00	\$1.44	\$73.44
Employee/Family	\$99.00	\$1.98	\$100.98
QCD of America			
Employee Only	\$10.00	\$0.20	\$10.20
Employee/Child	\$16.00	\$0.32	\$16.32
Employee/Children	\$20.00	\$0.40	\$20.40
Employee/Spouse	\$20.00	\$0.40	\$20.40
Employee/Family	\$27.00	\$0.54	\$27.54
Vision Service Plan			
Employee Only	\$9.98	\$0.20	\$10.18
Employee/Children	\$18.48	\$0.37	\$18.85
Employee/Spouse	\$17.82	\$0.36	\$18.18

Employee/Family	\$26.24	\$0.52	\$26.76
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