

COBRA Rates for Plan Year 1-1-09 through 12-31-09

	Premium	2% Service Chg	Total COBRA Monthly Premium
TRS-ActiveCare 1			
Employee Only	\$266.00	\$5.32	\$271.32
Employee/Child(re	\$424.00	\$8.48	\$432.48
Employee/Spouse	\$606.00	\$12.12	\$618.12
Employee/Family	\$667.00	\$13.34	\$680.34
TRS-ActiveCare 2			
Employee Only	\$354.00	\$7.08	\$361.08
Employee/Child(re	\$564.00	\$11.28	\$575.28
Employee/Spouse	\$806.00	\$16.12	\$822.12
Employee/Family	\$886.00	\$17.72	\$903.72
TRS-ActiveCare 3			
Employee Only	\$477.00	\$9.54	\$486.54
Employee/Child(re	\$760.00	\$15.20	\$775.20
Employee/Spouse	\$1,085.00	\$21.70	\$1,106.70
Employee/Family	\$1,193.00	\$23.86	\$1,216.86
C-FB Dental			
Employee Only	\$29.12	\$0.58	\$29.70
Employee/Child(re	\$64.30	\$1.29	\$65.59
Employee/Spouse	\$58.26	\$1.17	\$59.43
Employee/Family	\$96.78	\$1.94	\$98.72
QCD of America			
Employee Only	\$9.94	\$0.20	\$10.14
Employee/Child(re	\$19.94	\$0.40	\$20.34
Employee/Spouse	\$19.94	\$0.40	\$20.34
Employee/Family	\$26.94	\$0.54	\$27.48
Vision Service Plan			
Employee Only	\$9.98	\$0.20	\$10.18
Employee/Childrer	\$18.48	\$0.37	\$18.85
Employee/Spouse	\$17.82	\$0.36	\$18.18
Employee/Family	\$26.24	\$0.52	\$26.76