

COBRA RATES FOR 4J OEGBB HEALTH INSURANCE PLANS OCT 2008 - SEPT 2009

(35% of full premium) after ARRA Subsidy Applied

Rates beyond Sept 2009 will be published as they become available.

Administrative and Licensed Employees	
	MONTHLY PREMIUM
	Unit Rate (same price no matter how many people covered)
ODS MEDICAL PLAN 3 /RX B	\$348.41
ODS MEDICAL PLAN 5 /RX B	\$318.34
ODS MEDICAL PLAN 7 /RX B	\$282.59
ODS MEDICAL PLAN 8 /RX B	\$255.59
ODS DENTAL PLAN 4/ORTHO	\$37.36
ODS VISION PLAN 3	\$9.42

Classified Employees, All (Administrative, Classified & Licensed) Retirees				
	MONTHLY PREMIUM			
	EMPLOYEE ONLY	EMPLOYEE + SPOUSE/DOMESTIC PARTNER	EMPLOYEE + CHILD(REN)	EMPLOYEE + SPOUSE/DOMESTIC PARTNER + CHILD(REN)
ODS MEDICAL PLAN 3 /RX B	\$146.39	\$322.06	\$278.14	\$453.81
ODS MEDICAL PLAN 5 /RX B	\$133.76	\$294.26	\$254.14	\$414.64
ODS MEDICAL PLAN 7 /RX B	\$118.73	\$261.22	\$225.60	\$368.08
ODS MEDICAL PLAN 8 /RX B	\$107.39	\$236.26	\$204.04	\$332.91
ODS DENTAL PLAN 4/ORTHO	\$15.08	\$29.86	\$34.21	\$50.18
ODS VISION PLAN 3	\$4.13	\$9.08	\$7.84	\$12.79

Licensed Substitutes				
	MONTHLY PREMIUM			
	EMPLOYEE ONLY	EMPLOYEE + SPOUSE/DOMESTIC PARTNER	EMPLOYEE + CHILD(REN)	EMPLOYEE + SPOUSE/DOMESTIC PARTNER + CHILD(REN)
ODS MEDICAL PLAN 8 /RX C	\$104.46	\$229.81	\$198.47	\$323.82
ODS DENTAL PLAN 4 (no orthodontia)	\$14.74	\$29.18	\$29.63	\$45.25