

COBRA RATES FOR 4J OEGBB HEALTH INSURANCE PLANS OCT 2009 - SEPT 2010

(35% of full premium) after ARRA Subsidy Applied

Administrative and Licensed Employees	
	MONTHLY PREMIUM
	Unit Rate (same price no matter how many people covered)
ODS MEDICAL PLAN 3 /RX B	\$391.64
ODS MEDICAL PLAN 5 /RX B	\$355.12
ODS MEDICAL PLAN 7 /RX B	\$315.29
ODS MEDICAL PLAN 8 /RX B	\$285.22
ODS DENTAL PLAN 4/ORTHO	\$40.63
ODS VISION PLAN 3	\$10.22

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	\$164.56	\$362.01	\$312.65	\$510.11
ODS MEDICAL PLAN 5 /RX B	\$149.21	\$328.26	\$283.50	\$462.55
ODS MEDICAL PLAN 7 /RX B	\$132.48	\$291.45	\$251.71	\$410.68
ODS MEDICAL PLAN 8 /RX B	\$119.84	\$263.65	\$227.69	\$371.50
ODS DENTAL PLAN 4/ORTHO	\$16.40	\$32.49	\$37.20	\$54.56
ODS VISION PLAN 3	\$4.48	\$9.85	\$8.51	\$13.87

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	\$116.37	\$256.02	\$221.10	\$360.75
ODS DENTAL PLAN 4 (no orthodontia)	\$16.04	\$31.75	\$32.24	\$49.23