

# COBRA RATES FOR 4J OEGBB HEALTH INSURANCE PLANS OCT 2010 - SEPT 2011

*Rates beyond Sept 2011 will be published as they become available.*

Administrative and Licensed Employees	
	<b>MONTHLY PREMIUM</b>
	Unit Rate (same price no matter how many people covered)
ODS MEDICAL <b>PLAN 5</b> /RX B	\$1,220.93
ODS MEDICAL <b>PLAN 6</b> /RX B	\$1,096.29
ODS MEDICAL <b>PLAN 7</b> /RX B	\$1,003.11
ODS MEDICAL <b>PLAN 8</b> /RX B	\$902.36
ODS <b>DENTAL</b> PLAN 4/ORTHO	\$125.72
ODS <b>VISION</b> PLAN 3	\$32.42

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 <b>PLAN 5</b> /RX B	\$512.98	\$1,128.59	\$974.69	\$1,590.26
ODS MEDICAL <b>PLAN 6</b> /RX B	\$460.62	\$1,013.38	\$875.19	\$1,427.95
ODS MEDICAL <b>PLAN 7</b> /RX B	\$421.46	\$927.24	\$800.79	\$1,306.57
ODS MEDICAL <b>PLAN 8</b> /RX B	\$379.12	\$834.12	\$720.36	\$1,175.34
ODS <b>DENTAL</b> PLAN 4/ORTHO	\$50.82	\$100.65	\$115.03	\$168.83
ODS <b>VISION</b> PLAN 3	\$14.19	\$31.22	\$26.97	\$43.98

Licensed Substitutes				
	MONTHLY PREMIUM			
	EMPLOYEE ONLY	EMPLOYEE + SPOUSE/DOMESTIC PARTNER	EMPLOYEE + CHILD(REN)	EMPLOYEE + SPOUSE/DOMESTIC PARTNER + CHILD(REN)
ODS MEDICAL <b>PLAN 8</b> /RX C	\$375.23	\$825.54	\$712.97	\$1,163.25
ODS <b>DENTAL</b> PLAN 4 (no orthodontia)	\$49.70	\$98.42	\$99.91	\$152.59