

COBRA Rates for the 2009-2010 Benefit Plan Year

COBRA PLAN	PROVIDER	PLAN TIER	COBRA PREMIUM
PPO Blue Options - COBRA	BCBSFL	Employee Only	\$369.00
PPO Blue Options - COBRA	BCBSFL	Employee + Child(ren)	\$663.00
PPO Blue Options - COBRA	BCBSFL	Employee and Spouse/Domestic Partner	\$737.00
PPO Blue Options - COBRA	BCBSFL	Family	\$1,032.00
PPO Risk/Reward - COBRA	BCBSFL	Employee Only	\$392.00
PPO Risk/Reward - COBRA	BCBSFL	Employee + Child(ren)	\$705.00
PPO Risk/Reward - COBRA	BCBSFL	Employee and Spouse/Domestic Partner	\$783.00
PPO Risk/Reward - COBRA	BCBSFL	Family	\$1,096.00
PPO 70 - COBRA	BCBSFL	Employee Only	\$494.00
PPO 70 - COBRA	BCBSFL	Employee + Child(ren)	\$890.00
PPO 70 - COBRA	BCBSFL	Employee and Spouse/Domestic Partner	\$989.00
PPO 70 - COBRA	BCBSFL	Family	\$1,384.00
HumanaDental PPO High - COBRA	Humana	Employee + 1 Dependent	\$74.09
HumanaDental PPO High - COBRA	Humana	Employee Only	\$37.20
HumanaDental PPO High - COBRA	Humana	Family	\$124.57
HumanaDental PPO Low - COBRA	Humana	Employee + 1 Dependent	\$65.80
HumanaDental PPO Low - COBRA	Humana	Employee Only	\$33.04
HumanaDental PPO Low - COBRA	Humana	Family	\$110.67
DHMO HumanaDental Prepaid - COBRA	Humana	Employee + 1 Dependent	\$20.37
DHMO HumanaDental Prepaid - COBRA	Humana	Employee Only	\$10.16
DHMO HumanaDental Prepaid - COBRA	Humana	Family	\$31.63
Advantica EyeCare - COBRA	Advantica EyeCare	Employee Only	\$4.42
Advantica EyeCare - COBRA	Advantica EyeCare	Family	\$11.30

For more information about your rights under COBRA please call 866-377-5102