

# Premium Rates for COBRA and Leave of Absence

2009 - 2010 Plan Year

COBRA and Leave of Absence Hospital Medical Rates	
Single	\$405
Family	\$968

Optional Coverage:		
Cancer	\$38/month	Individual or Family Coverage
Indemnity	\$38/month	Individual or Family Coverage
Dental	\$38/month	Individual or Family Coverage
Vision	\$38/month	Individual or Family Coverage

COBRA and Leave of Absence Rates for the Supplemental Plan	
Single or Family	\$135