

Premium Rates for COBRA and Leave of Absence

2010 - 2011 Plan Year

COBRA and Leave of Absence Hospital Medical Rates	
Single	\$ 434
Family	\$1,044

Optional Coverage:		
Cancer	\$38/month	Individual or Family Coverage
Indemnity	\$38/month	Individual or Family Coverage
Dental	\$38/month	Individual Coverage
	\$45/month	Family Coverage
Vision	\$38/month	Individual or Family Coverage

COBRA and Leave of Absence Rates for the Supplemental Plan	
Single or Family	\$152