

2012 Premium Rates For COBRA participants

	Health	*ERRP Credit	Health	Wellness Credit	Health	Preventive Dental	Optional Dental
\$350 Deductible							
COBRA Employee	757.35	-5.32	752.03	-40.00	712.03	20.09	11.95
COBRA Employee + Children	1,149.97	-8.08	1,141.89	-40.00	1,101.89	44.39	28.03
COBRA Employee + Spouse	1,524.82	-10.71	1,514.11	-40.00	1,474.11	44.39	28.03
COBRA Family	1,753.24	-12.32	1,740.92	-40.00	1,700.92	44.39	28.03
\$750 Deductible							
COBRA Employee	728.73	-5.32	723.41	-40.00	683.41	20.09	11.95
COBRA Employee + Children	1,106.52	-8.08	1,098.44	-40.00	1,058.44	44.39	28.03
COBRA Employee + Spouse	1,467.20	-10.71	1,456.49	-40.00	1,416.49	44.39	28.03
COBRA Family	1,688.69	-12.32	1,676.37	-40.00	1,636.37	44.39	28.03
\$1500 Deductible (High Deductible Health Plan)							
COBRA Employee	670.38	-5.32	665.06	-40.00	625.06	20.09	11.95
\$3000 Deductible (High Deductible Health Plan)							
COBRA Employee + Children	1,017.94	-8.08	1,009.86	-40.00	969.86	44.39	28.03
COBRA Employee + Spouse	1,349.75	-10.71	1,339.04	-40.00	1,299.04	44.39	28.06
COBRA Family	1,558.13	-12.32	1,545.81	-40.00	1,505.81	44.39	28.06
\$2000 Deductible							
COBRA Employee	660.85	-5.32	655.53	-40.00	615.53	20.09	11.95
COBRA Employee + Children	1,003.09	-8.08	995.01	-40.00	955.01	44.39	28.03
COBRA Employee + Spouse	1,330.05	-10.71	1,319.34	-40.00	1,279.34	44.39	28.03
COBRA Family	1,529.33	-12.32	1,517.01	-40.00	1,477.01	44.39	28.03

COBRA Vision Rates	Plan B	Plan C
Single Coverage	6.90	8.57
Single +1 Dependent	13.77	17.12
Single+2 or more dependents	22.17	27.56