## 2012 COBRA Health and Dental Rates

Healthy Blue – 25/250	
Tier Level	Total Premium
	Monthly
Single	\$390.84
Employee/Child(ren)	\$665.66
Employee/Spouse	\$938.01
Family	\$1,169.05
]	PPO
Tier Level	Total Premium
	Monthly
Single	\$430.28
Employee/Child(ren)	\$732.82
Employee/Spouse	\$1,032.65
Family	\$1,287.01
D	ental
Tier Level	Total Premium
	Monthly
Single	\$30.78
Family	\$93.00

Note: All amounts are monthly costs. Payroll deductions apply to coverage for the current month.

The effective date for the above plans is January 1. Employees may change plans or type of membership (individual/family), or enroll in a plan for the first time, as of January 1 each year. Enrollment or membership changes at other times of the year will not be permitted unless certain conditions set by IRS regulations are met (e.g., a spouse's loss of coverage due to termination of employment).

This document reflects rate adjustments only! Refer to Benefit Comparison Sheet for Benefit Changes.