

COBRA Rates – July 1, 2011 – June 30, 2012

Monthly Rates

Plan Type	Provider	Single	Family w/o Spouse	Family w/ Spouse	HB1 Rate**
Medical*	Ohio Med PPO <i>(Includes both Medical Mutual of Ohio & United Healthcare administered plans)</i>	\$473.94	\$1303.36	\$1316.11	\$196.06**
Dental	Delta PPO	\$31.89	\$92.38	\$92.38	N/A
	Delta Premier	\$31.89	\$92.38	\$92.38	N/A
Vision	Vision Service Plan (VSP)	\$21.19	\$21.19	\$21.19	N/A
	EyeMed Managed Vision	\$15.25	\$15.25	\$15.25	N/A

Dental & Vision Coverage for Union Participants

Dental and vision COBRA coverage may be elected through the Union Benefits Trust (UBT). For information, please contact UBT at (800) 228-5088.

*** Medical Plan Coverage**

Medical plan enrollment includes behavioral health coverage (provided by United Behavioral Health), prescription drug coverage (provided by Catalyst Rx), and the Take Charge! Live Well! health and wellness program (provided by APS Healthcare).

**** HB1 Dependent Eligibility**

Ohio House Bill 1 (HB1) created a new category of eligibility for the state medical plan. Dependent children aged 26-27 may be eligible for medical coverage only based on this legislation. Information regarding HB1 eligibility and documentation requirements can be obtained at <http://www.das.ohio.gov/EligibilityRequirements>; refer to the requirements effective 7/1/2011. Please scroll down to the Dependent Eligibility section and refer to the HB1 Child information.

If COBRA coverage is for an individual HB1 participant, the HB1 rate will apply. If an HB1 participant is enrolled as a dependent under a family plan, the HB1 rate will be in addition to the family rate.

