

**COBRA Rates - July 1, 2010 - June 30, 2011**

	Single Only Rate	Family w/o Spouse Rate	Family w/ Spouse Rate
<b>RATES THROUGH JUNE 30, 2011</b>	COBRA Continuation Rate	COBRA Continuation Rate	COBRA Continuation Rate
<b><u>Medical*</u></b>			
Ohio Med	\$429.01	\$1,179.81	\$1,192.56
Aetna	\$429.56	\$1,181.32	\$1,194.07
The Health Plan	\$433.44	\$1,191.99	\$1,204.74
Paramount	\$388.05	\$1,067.14	\$1,079.89
United Health Care	\$424.67	\$1,167.80	\$1,180.55
<b><u>Dental</u></b>			
Delta Preferred	\$29.89	\$86.58	\$86.58
Delta Premier	\$29.89	\$86.58	\$86.58
<b><u>Vision</u></b>			
Vision Service Plan	\$19.86	\$19.86	\$19.86
EyeMed Managed Vision	\$14.29	\$14.29	\$14.29

<b>Additional Amounts for each House</b>	<b>**HB1 Individual Rate</b>
<b><u>Bill 1 (HB1) Dependent</u></b>	<b>COBRA Continuation Rate</b>
<b><u>Medical*</u></b>	
Ohio Med	\$153.75
Aetna	\$153.95
The Health Plan	\$155.34
Paramount	\$139.08
United Health Care	\$152.19

\* Please note that medical coverage includes behavioral health and prescription drug coverage.

**\*\*HB1 Note:** If COBRA coverage is for an individual HB1 participant please use the HB1 Individual Rate chart. If an HB1 dependent will be covered under an Employee, Family w/o Spouse or Family w/ Spouse medical rate tier; the HB1 rate will be in addition to the above applicable medical rate tier. (Participants must meet HB1 dependent eligibility to qualify for the HB1 rate.)

**Note:** Union participants can elect dental and vision COBRA coverage through the Union Benefits Trust.