

# Monthly COBRA Premiums for Medicare Eligible Members

## Plan Year January 1, 2013 - December 31, 2013

MEDICARE SUPPLEMENT PLANS				
HealthChoice Employer PDP High Option With Part D	\$316.34 per enrolled person			
HealthChoice Employer PDP Low Option With Part D	\$255.62 per enrolled person			
HealthChoice High Option Without Part D	\$412.65 per enrolled person			
HealthChoice Low Option Without Part D	\$340.54 per enrolled person			
MEDICARE ADVANTAGE PRESCRIPTION DRUG (MA-PD) PLANS				
CommunityCare Senior Health Plan	\$235.00 per enrolled person			
Generations Healthcare	\$205.00 per enrolled person			
DENTAL PLANS	MEMBER	SPOUSE	CHILD	CHILDREN
HealthChoice Dental	\$31.38	\$31.38	\$25.68	\$66.63
Assurant Freedom Preferred	\$29.41	\$29.24	\$21.93	\$58.96
Assurant Heritage Plus with SBA (Prepaid)	\$11.97	\$ 9.04	\$ 7.75	\$15.50
Assurant Heritage Secure (Prepaid)	\$ 7.34	\$ 6.10	\$ 5.30	\$10.59
CIGNA Dental Care Plan (Prepaid)	\$ 9.45	\$ 6.18	\$ 7.22	\$15.63
Delta Dental PPO	\$34.31	\$34.29	\$29.85	\$75.52
Delta Dental Premier	\$39.13	\$39.13	\$34.05	\$86.15
Delta Dental PPO – Choice	\$15.36	\$34.86	\$35.13	\$85.27
VISION PLANS	MEMBER	SPOUSE	CHILD	CHILDREN
Humana/CompBenefits VisionCare Plan	\$6.90	\$5.16	\$3.64	\$ 4.55
Primary Vision Care Services (PVCS)	\$9.44	\$8.16	\$8.67	\$10.97
Superior Vision Plan	\$7.28	\$7.24	\$6.85	\$14.08
UnitedHealthcare Vision	\$8.34	\$5.91	\$4.68	\$ 7.12
Vision Service Plan (VSP)	\$8.94	\$5.99	\$5.73	\$12.89

OSEEGIB policy states that one person must always pay the primary member premium. When a spouse, child, or children are insured under a particular benefit, but the member did not keep that coverage, one person is always billed the primary member rate.

## Monthly Life Insurance Premiums for Surviving Dependents

Dependents of Current Employees	Low – \$2.60	Standard – \$4.32	Premier – \$8.64
Spouse	\$6,000 of coverage	\$10,000 of coverage	\$20,000 of coverage
Child (age 6 months to 26)	\$3,000 of coverage	\$ 5,000 of coverage	\$10,000 of coverage
Child (live birth to 6 months)	\$1,000 of coverage	\$ 1,000 of coverage	\$ 1,000 of coverage
Dependents of Former Employees	\$0.94 Per \$500 Unit, Per Dependent		