

COBRA STIMULUS RATES

EFFECTIVE APRIL 1, 2010

If you qualify as an “Assistance Eligible Individual”, this cost can be reduced for up to fifteen (15) months.
If the reduction applies the COBRA continuation coverage will cost:

COBRA Employee Only without Vision/Dental	\$120.00
COBRA Employee Only <u>WITH</u> Vision/Dental	\$128.00
COBRA Family without Vision/Dental	\$300.00
COBRA Family <u>WITH</u> Vision/Dental.....	\$321.00
COBRA Spouse and Children without Vision/Dental	\$300.00
COBRA Spouse and Children <u>WITH</u> Vision/Dental	\$321.00
COBRA Spouse Only without Dental/Vision	\$120.00
COBRA Spouse Only <u>WITH</u> Dental/Vision	\$128.00
COBRA Dependent Only without Dental/Vision.....	\$120.00
COBRA Dependent Only <u>WITH</u> Dental/Vision	\$128.00