

**FY09 State of Colorado COBRA Medical / Dental Premiums
(July 1, 2008 - June 30, 2009)**

COBRA FY09 MEDICAL RATES			
Plan	Tier	Total Premium* ¹	Premium with Disability Extension* ²
OA-750	Participant	\$716.55	\$1,053.75
	Participant + Spouse	\$1,576.39	\$2,318.22
	Participant + Child(ren)	\$1,289.77	\$1,896.72
	Participant+ Sp + Child(ren)	\$2,149.63	\$3,161.22
OA-1500	Participant	\$386.76	\$568.77
	Participant + Spouse	\$850.88	\$1,251.30
	Participant + Child(ren)	\$696.17	\$1,023.78
	Participant + Sp + Child(ren)	\$1,160.29	\$1,706.31
OA-3000	Participant	\$353.70	\$520.14
	Participant + Spouse	\$778.14	\$1,144.32
	Participant + Child(ren)	\$636.66	\$936.27
	Participant+ Sp + Child(ren)	\$1,061.09	\$1,560.42
OA-H	Participant	\$367.42	\$540.33
	Participant + Spouse	\$808.33	\$1,188.72
	Participant + Child(ren)	\$661.37	\$972.60
	Participant + Sp + Child(ren)	\$1,102.27	\$1,620.99
Kaiser	Participant	\$404.35	\$594.63
	Participant + Spouse	\$884.26	\$1,300.38
	Participant + Child(ren)	\$724.28	\$1,065.12
	Participant + Sp + Child(ren)	\$1,204.21	\$1,770.90
SLVHMO	Participant	\$406.31	\$597.51
	Participant + Spouse	\$888.58	\$1,306.74
	Participant + Child(ren)	\$738.03	\$1,085.34
	Participant + Sp + Child(ren)	\$1,210.07	\$1,779.51
COBRA FY09 DENTAL RATES			
Delta BASIC	Participant	\$23.50	\$34.56
	Participant + Spouse	\$48.31	\$71.04
	Participant + Child(ren)	\$50.71	\$74.58
	Participant + Sp + Child(ren)	\$83.21	\$122.37
Delta Basic PLUS	Participant	\$30.99	\$45.57
	Participant + Spouse	\$66.83	\$98.28
	Participant + Child(ren)	\$67.18	\$98.79
	Participant + Sp + Child(ren)	\$116.44	\$171.24
Dental DR	Participant	\$27.89	\$41.01
	Participant + Spouse	\$57.53	\$84.60
	Participant + Child(ren)	\$57.87	\$85.11
	Participant + Sp + Child(ren)	\$101.94	\$149.91

¹ Includes 2% COBRA administrative fee allowed by federal COBRA regulations

² Includes 50% COBRA administrative fee allowed by federal COBRA regulations