

Cobra Benefits

You and your dependents are entitled to continue your group health insurance upon termination of your employment. You may continue for up to 18 months after your termination.

Monthly Premium

You are responsible for the entire cost of continuation coverage under COBRA. You will be charged 102% of the regular Plan rates for the continued coverage. The rates for COBRA coverage are as follows:

Participant Only	\$209.00
Participant + Spouse	\$429.00
Participant + Spouse & Child(ren)	\$540.00
Participant + Child	\$297.00
Participant + Children	\$377.00
Participant + Spouse & Child(ren) + High Option Coverage	\$561.00
Participant + Child + High Option Coverage	\$318.00
Participant + Children + High Option Coverage	\$397.00

If you elect to continue coverage, you must submit the COBRA election form within 60 days of the qualifying event (termination) and the initial premium must be submitted within 45 days from the date of election for the period of coverage from the date of the qualifying event in addition to any premiums that come due during that time. You will then be responsible for monthly payments to the plan administrator (Blue Cross/Blue Shield) for the continuation period.

Benefits through COBRA are identical to the benefits offered to current Plan Participants and are subject to any rate changes applied to the Plan.

COBRA benefits will be offered for the same coverage you have at the time of termination.