

MONTHLY RATES FOR THE 2011-12 PLAN YEAR

MEDICAL PLANS

PLAN	2011-12 PLAN YEAR COBRA*	2011-12 PLAN YEAR COBRA DISABILITY**
UA Net Plan		
Participant Only	\$ 440.71	\$ 644.85
Participant + Child(ren)	830.93	1,218.71
Participant + Spouse/SGDP	874.22	1,282.37
Family	1,221.22	1,792.67
Kaiser Permanente Plan		
Participant Only	\$ 454.46	\$ 665.07
Participant + Child(ren)	857.22	1,257.38
Participant + Spouse/SGDP	901.98	1,323.20
Family	1,260.03	1,849.74
Lumenos		
Participant Only	\$ 396.42	\$ 579.72
Participant + Child(ren)	692.71	1,015.44
Participant + Spouse/SGDP	693.73	1,016.94
Family	1,011.68	1,484.52

*Reflects total monthly COBRA rates plus two percent administrative fee for the plans.
**Reflects total monthly COBRA Disability rates plus 50 percent administrative fee for the plans.

DENTAL PLANS

PLAN	2011-12 PLAN YEAR COBRA*	2011-12 PLAN YEAR COBRA DISABILITY**
Exclusive Panel Option (EPO)		
Participant	\$ 24.56	\$ 36.12
Participant + Child(ren)	49.41	72.66
Participant + Spouse/SGDP	43.69	64.25
Family	71.74	105.50
Delta Dental PPO		
Participant	\$ 41.94	\$ 61.68
Participant + Child(ren)	80.91	118.98
Participant + Spouse/SGDP	73.68	108.36
Family	122.45	180.08

*Reflects total monthly COBRA rates plus two percent administrative fee
**Reflects total monthly COBRA Disability rates plus 50 percent administrative fee.