

COBRA RATES - January 1, 2008 to December 31, 2008

COVERAGE	<i>PQB Only</i>	<i>PQB & Spouse</i>	<i>PQB & 1 Child</i>	<i>PQB & 2+ Children</i>	<i>PQB & Family</i>
Gold Medical Plan	\$ 377.58	\$ 665.20	\$ 486.90	\$ 576.03	\$ 902.16
Silver Medical Plan	\$ 323.24	\$ 570.39	\$ 416.25	\$ 491.93	\$ 767.63
Bronze Medical Plan	\$ 264.18	\$ 478.50	\$ 345.62	\$ 409.54	\$ 639.67

COVERAGE	<i>PQB Only</i>	<i>PQB & Spouse</i>	<i>PQB & 1 Child</i>	<i>PQB & 2+ Children</i>	<i>PQB & Family</i>
Premium Dental Plan	\$ 37.25	\$ 85.55	\$ 71.00	\$ 87.87	\$ 116.78
Basic Dental Plan	\$ 21.03	\$ 42.20	\$ 31.63	\$ 37.13	\$ 62.46
Vision Service Plan	\$ 9.95	\$ 21.32	\$ 21.32	\$ 21.32	\$ 21.32
EAP	\$ 1.55	\$ 1.55	\$ 1.55	\$ 1.55	\$ 1.55