

COBRA BENEFITS PREMIUM CHART - FROM 10/1/09 TO 9/30/10

PLANS		TIER	2% COBRA FEE	COBRA/ MONTH	35% COBRA/ MONTH
MEDICAL PLANS					
NAU ONLY					
BCBS PPO	Single	01	11.4024	581.52	203.53
BCBS PPO	EE + 1	08	22.8048	1163.04	407.07
BCBS PPO	Family	04	31.9268	1628.27	569.89
CIGNA EPO	SINGLE	01	10.46	533.46	186.71
CIGNA EPO	EMP+A	02	22.20	1132.20	396.27
CIGNA EPO	EMP+C	03	20.92	1066.92	373.42
CIGNA EPO	FAMILY	04	28.84	1470.84	514.79
United Health Care EPO	SINGLE	01	10.46	533.46	186.71
United Health Care EPO	EMP+A	02	22.20	1132.20	396.27
United Health Care EPO	EMP+C	03	20.92	1066.92	373.42
United Health Care EPO	FAMILY	04	28.84	1470.84	514.79
United Health Care PPO	SINGLE	01	15.90	810.90	283.82
United Health Care PPO	EMP+A	02	32.92	1678.92	587.62
United Health Care PPO	EMP+C	03	31.54	1608.54	562.99
United Health Care PPO	FAMILY	04	42.84	2184.84	764.69
AMERIBEN EPO	SINGLE	01	10.46	533.46	186.71
AMERIBEN EPO	EMP+A	02	22.20	1132.20	396.27
AMERIBEN EPO	EMP+C	03	20.92	1066.92	373.42
AMERIBEN EPO	FAMILY	04	28.84	1470.84	514.79
AMERIBEN PPO	SINGLE	01	15.90	810.90	283.82
AMERIBEN PPO	EMP+A	02	32.92	1678.92	587.62
AMERIBEN PPO	EMP+C	03	31.54	1608.54	562.99
AMERIBEN PPO	FAMILY	04	42.84	2184.84	764.69
AETNA EPO	SINGLE	01	10.46	533.46	186.71
AETNA EPO	EMP+A	02	22.20	1132.20	396.27
AETNA EPO	EMP+C	03	20.92	1066.92	373.42
AETNA EPO	FAMILY	04	28.84	1470.84	514.79
AETNA PPO	SINGLE	01	15.90	810.90	283.82
AETNA PPO	EMP+A	02	32.92	1678.92	587.62
AETNA PPO	EMP+C	03	31.54	1608.54	562.99
AETNA PPO	FAMILY	04	42.84	2184.84	764.69

AETNA HSO	SINGLE	01	9.38	478.38	167.43	
AETNA HSO	EMP+A	02	19.72	1005.72	352.00	
AETNA HSO	EMP+C	03	18.76	956.76	334.87	
AETNA HSO	FAMILY	04	25.86	1318.86	461.60	

*State HSA contribution is separate from the premium and therefore not included in the COBRA

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PLANS		TIER	2% COBRA FEE	COBRA/ MONTH	35% COBRA/ MONTH	
DENTAL PLANS						
DELTA DENTAL (DELA)	SINGLE	01	0.70	35.52	12.43	
DELTA DENTAL (DELA)	EMP+1	02	1.56	79.41	27.79	
DELTA DENTAL (DELA)	FAMILY	03	2.64	134.46	47.06	
TOTAL DENTAL ADMIN (TOTA)	SINGLE	01	0.20	10.16	3.56	
TOTAL DENTAL ADMIN (TOTA)	EMP+1	02	0.38	19.30	6.76	
TOTAL DENTAL ADMIN (TOTA)	FAMILY	03	0.55	28.25	9.89	
VISION PLAN (Fully Insured)						
AVESIS VISION CARE (AVEA)	SINGLE	01	0.10	4.93	1.73	
AVESIS VISION CARE (AVEA)	EMP+1	02	0.27	13.79	4.83	
AVESIS VISION CARE (AVEA)	FAMILY	03	0.34	17.20	6.02	

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