

Division of State Group Insurance
Dental Plan
COBRA Subsidy for those deemed eligible for the subsidy
January 2009 Rates - CompBenefits Network Plus (4004)
Prepared 4/1/09

COBRA Employee Only \$16.54
COBRA Employee + Spouse \$32.62
COBRA Employee + Children \$38.90
COBRA Family \$49.67

EE coverage is assured once this amount is paid

	EE Contribution		ER Contribution		Total Payment
	Calculation	Amount	Calculation	Amount	
Individual					
1 members elig for subsidy	\$16.54 * 35%	\$5.79	\$16.54 * 65%	\$10.75	\$16.54
Employee + Spouse					
2 members elig for subsidy	\$32.62 * 35%	\$11.42	\$32.62 * 65%	\$21.20	\$32.62
1 member elig for subsidy, 1 not					
person 1	\$16.54 * 35%	\$5.79	\$16.54 * 65%	\$10.75	\$16.54
person 2	\$16.08 * 100%	\$16.08	\$16.08 * 0%	\$0.00	\$16.08
		\$21.87		\$10.75	\$32.62
Employee + Children					
2 members elig for subsidy	\$38.90 * 35%	\$13.62	\$38.90 * 65%	\$25.29	\$38.90
1 member elig for subsidy, 1 ore more not					
person 1	\$16.54 * 35%	\$5.79	\$16.54 * 65%	\$10.75	\$16.54
person 2	\$22.36 * 100%	\$22.36	\$22.36 * 0%	\$0.00	\$22.36
		\$28.15		\$10.75	\$38.90
2 members elig for subsidy, 1 or more not					
person 1	\$16.54 * 35%	\$5.79	\$16.54 * 65%	\$10.75	\$16.54
person 2	\$16.54 * 35%	\$5.79	\$16.54 * 65%	\$10.75	\$16.54
person 3	\$5.82 * 100%	\$5.82	\$5.82 * 0%	\$0.00	\$5.82
		\$17.40		\$21.50	\$38.90
3 members elig for subsidy, 1 or more not					
person 1	\$16.54 * 35%	\$5.79	\$16.54 * 65%	\$10.75	\$16.54
person 2	\$16.54 * 35%	\$5.79	\$16.54 * 65%	\$10.75	\$16.54
person 3	\$5.82 * 35%	\$2.04	\$5.82 * 65%	\$3.78	\$5.82
person 4	\$0.00 * 100%	\$0.00	\$0.00 * 0%	\$0.00	\$0.00
		\$13.62		\$25.29	\$38.90
3 or more members elig for subsidy	\$38.90 * 35%	\$13.62	\$38.90 * 65%	\$25.29	\$38.90
Family					
2 members elig for subsidy	\$49.67 * 35%	\$17.38	\$49.67 * 65%	\$32.29	\$49.67
1 member elig for subsidy, 1 or more not					
person 1	\$16.54 * 35%	\$5.79	\$16.54 * 65%	\$10.75	\$16.54
person 2	\$33.13 * 100%	\$33.13	\$33.13 * 0%	\$0.00	\$33.13
		\$38.92		\$10.75	\$49.67
2 members elig for subsidy, 1 or more not					
person 1	\$16.54 * 35%	\$5.79	\$16.54 * 65%	\$10.75	\$16.54
person 2	\$16.54 * 35%	\$5.79	\$16.54 * 65%	\$10.75	\$16.54
person 3	\$16.59 * 100%	\$16.59	\$16.59 * 0%	\$0.00	\$16.59
		\$28.17		\$21.50	\$49.67
3 members elig for subsidy, 1 or more not					
person 1	\$16.54 * 35%	\$5.79	\$16.54 * 65%	\$10.75	\$16.54
person 2	\$16.54 * 35%	\$5.79	\$16.54 * 65%	\$10.75	\$16.54
person 3	\$16.54 * 35%	\$5.79	\$16.54 * 65%	\$10.75	\$16.54
person 4	\$0.05 * 100%	\$0.05	\$0.05 * 0%	\$0.00	\$0.05
		\$17.42		\$32.25	\$49.67
4 members elig for subsidy, 1 or more not					
person 1	\$16.54 * 35%	\$5.79	\$16.54 * 65%	\$10.75	\$16.54
person 2	\$16.54 * 35%	\$5.79	\$16.54 * 65%	\$10.75	\$16.54
person 3	\$16.54 * 35%	\$5.79	\$16.54 * 65%	\$10.75	\$16.54
person 4	\$0.05 * 35%	\$0.02	\$0.05 * 65%	\$0.03	\$0.05
person 5	\$0.00 * 100%	\$0.00	\$0.00 * 0%	\$0.00	\$0.00
		\$17.38		\$32.29	\$49.67
4 or more members elig for subsidy	\$49.67 * 35%	\$17.38	\$49.67 * 65%	\$32.29	\$49.67

Division of State Group Insurance
Dental Plan
COBRA Subsidy for those deemed eligible for the subsidy
January 2009 Rates - UnitedHealthcare Dental Solstice S700 (4014)
Prepared 4/1/09

COBRA Employee Only \$11.13
COBRA Employee + Spouse \$24.43
COBRA Employee + Children \$30.50
COBRA Family \$42.82

EE coverage is assured once this amount is paid

	EE Contribution		ER Contribution		Total Payment
	Calculation	Amount	Calculation	Amount	
Individual					
1 members elig for subsidy	\$11.13 * 35%	\$3.90	\$11.13 * 65%	\$7.23	\$11.13
Employee + Spouse					
2 members elig for subsidy	\$24.43 * 35%	\$8.55	\$24.43 * 65%	\$15.88	\$24.43
1 member elig for subsidy, 1 not					
person 1	\$11.13 * 35%	\$3.90	\$11.13 * 65%	\$7.23	\$11.13
person 2	\$13.30 * 100%	\$13.30	\$13.30 * 0%	\$0.00	\$13.30
		\$17.20		\$7.23	\$24.43
Employee + Children					
2 members elig for subsidy	\$30.50 * 35%	\$10.68	\$30.50 * 65%	\$19.83	\$30.50
1 member elig for subsidy, 1 ore more not					
person 1	\$11.13 * 35%	\$3.90	\$11.13 * 65%	\$7.23	\$11.13
person 2	\$19.37 * 100%	\$19.37	\$19.37 * 0%	\$0.00	\$19.37
		\$23.27		\$7.23	\$30.50
2 members elig for subsidy, 1 or more not					
person 1	\$11.13 * 35%	\$3.90	\$11.13 * 65%	\$7.23	\$11.13
person 2	\$11.13 * 35%	\$3.90	\$11.13 * 65%	\$7.23	\$11.13
person 3	\$8.24 * 100%	\$8.24	\$8.24 * 0%	\$0.00	\$8.24
		\$16.04		\$14.46	\$30.50
3 members elig for subsidy, 1 or more not					
person 1	\$11.13 * 35%	\$3.90	\$11.13 * 65%	\$7.23	\$11.13
person 2	\$11.13 * 35%	\$3.90	\$11.13 * 65%	\$7.23	\$11.13
person 3	\$8.24 * 35%	\$2.88	\$8.24 * 65%	\$5.36	\$8.24
person 4	\$0.00 * 100%	\$0.00	\$0.00 * 0%	\$0.00	\$0.00
		\$10.68		\$19.82	\$30.50
3 or more members elig for subsidy	\$30.50 * 35%	\$10.68	\$30.50 * 65%	\$19.83	\$30.50
Family					
2 members elig for subsidy	\$42.82 * 35%	\$14.99	\$42.82 * 65%	\$27.83	\$42.82
1 member elig for subsidy, 1 or more not					
person 1	\$11.13 * 35%	\$3.90	\$11.13 * 65%	\$7.23	\$11.13
person 2	\$31.69 * 100%	\$31.69	\$31.69 * 0%	\$0.00	\$31.69
		\$35.59		\$7.23	\$42.82
2 members elig for subsidy, 1 or more not					
person 1	\$11.13 * 35%	\$3.90	\$11.13 * 65%	\$7.23	\$11.13
person 2	\$11.13 * 35%	\$3.90	\$11.13 * 65%	\$7.23	\$11.13
person 3	\$20.56 * 100%	\$20.56	\$20.56 * 0%	\$0.00	\$20.56
		\$28.36		\$14.46	\$42.82
3 members elig for subsidy, 1 or more not					
person 1	\$11.13 * 35%	\$3.90	\$11.13 * 65%	\$7.23	\$11.13
person 2	\$11.13 * 35%	\$3.90	\$11.13 * 65%	\$7.23	\$11.13
person 3	\$11.13 * 35%	\$3.90	\$11.13 * 65%	\$7.23	\$11.13
person 4	\$9.43 * 100%	\$9.43	\$9.43 * 0%	\$0.00	\$9.43
		\$21.13		\$21.69	\$42.82
4 members elig for subsidy, 1 or more not					
person 1	\$11.13 * 35%	\$3.90	\$11.13 * 65%	\$7.23	\$11.13
person 2	\$11.13 * 35%	\$3.90	\$11.13 * 65%	\$7.23	\$11.13
person 3	\$11.13 * 35%	\$3.90	\$11.13 * 65%	\$7.23	\$11.13
person 4	\$9.43 * 35%	\$3.30	\$9.43 * 65%	\$6.13	\$9.43
person 5	\$0.00 * 100%	\$0.00	\$0.00 * 0%	\$0.00	\$0.00
		\$14.99		\$27.83	\$42.82
4 or more members elig for subsidy	\$42.82 * 35%	\$14.99	\$42.82 * 65%	\$27.83	\$42.82

Division of State Group Insurance
Dental Plan
COBRA Subsidy for those deemed eligible for the subsidy
January 2009 Rates - Assurant Heritage Plus (4024)
Prepared 4/1/09

COBRA Employee Only \$13.86
COBRA Employee + Spouse \$23.44
COBRA Employee + Children \$30.32
COBRA Family \$35.56

EE coverage is assured once this amount is paid

	EE Contribution		ER Contribution		Total Payment	
	Calculation	Amount	Calculation	Amount		
Individual						
1 members elig for subsidy	\$13.86 *	35%	\$4.85	\$13.86 * 65%	\$9.01	\$13.86
Employee + Spouse						
2 members elig for subsidy	\$23.44 *	35%	\$8.20	\$23.44 * 65%	\$15.24	\$23.44
1 member elig for subsidy, 1 not						
person 1	\$13.86 *	35%	\$4.85	\$13.86 * 65%	\$9.01	\$13.86
person 2	\$9.58 *	100%	\$9.58	\$9.58 * 0%	\$0.00	\$9.58
			\$14.43		\$9.01	\$23.44
Employee + Children						
2 members elig for subsidy	\$30.32 *	35%	\$10.61	\$30.32 * 65%	\$19.71	\$30.32
1 member elig for subsidy, 1 ore more not						
person 1	\$13.86 *	35%	\$4.85	\$13.86 * 65%	\$9.01	\$13.86
person 2	\$16.46 *	100%	\$16.46	\$16.46 * 0%	\$0.00	\$16.46
			\$21.31		\$9.01	\$30.32
2 members elig for subsidy, 1 or more not						
person 1	\$13.86 *	35%	\$4.85	\$13.86 * 65%	\$9.01	\$13.86
person 2	\$13.86 *	35%	\$4.85	\$13.86 * 65%	\$9.01	\$13.86
person 3	\$2.60 *	100%	\$2.60	\$2.60 * 0%	\$0.00	\$2.60
			\$12.30		\$18.02	\$30.32
3 members elig for subsidy, 1 or more not						
person 1	\$13.86 *	35%	\$4.85	\$13.86 * 65%	\$9.01	\$13.86
person 2	\$13.86 *	35%	\$4.85	\$13.86 * 65%	\$9.01	\$13.86
person 3	\$2.60 *	35%	\$0.91	\$2.60 * 65%	\$1.69	\$2.60
person 4	\$0.00 *	100%	\$0.00	\$0.00 * 0%	\$0.00	\$0.00
			\$10.61		\$19.71	\$30.32
3 or more members elig for subsidy	\$30.32 *	35%	\$10.61	\$30.32 * 65%	\$19.71	\$30.32
Family						
2 members elig for subsidy	\$35.56 *	35%	\$12.45	\$35.56 * 65%	\$23.11	\$35.56
1 member elig for subsidy, 1 ore more not						
person 1	\$13.86 *	35%	\$4.85	\$13.86 * 65%	\$9.01	\$13.86
person 2	\$21.70 *	100%	\$21.70	\$21.70 * 0%	\$0.00	\$21.70
			\$26.55		\$9.01	\$35.56
2 members elig for subsidy, 1 or more not						
person 1	\$13.86 *	35%	\$4.85	\$13.86 * 65%	\$9.01	\$13.86
person 2	\$13.86 *	35%	\$4.85	\$13.86 * 65%	\$9.01	\$13.86
person 3	\$7.84 *	100%	\$7.84	\$7.84 * 0%	\$0.00	\$7.84
			\$17.54		\$18.02	\$35.56
3 members elig for subsidy, 1 or more not						
person 1	\$13.86 *	35%	\$4.85	\$13.86 * 65%	\$9.01	\$13.86
person 2	\$13.86 *	35%	\$4.85	\$13.86 * 65%	\$9.01	\$13.86
person 3	\$7.84 *	35%	\$2.74	\$7.84 * 65%	\$5.10	\$7.84
person 4	\$0.00 *	100%	\$0.00	\$0.00 * 0%	\$0.00	\$0.00
			\$12.45		\$23.11	\$35.56
3 or more members elig for subsidy	\$35.56 *	35%	\$12.45	\$35.56 * 65%	\$23.11	\$35.56

Division of State Group Insurance
Dental Plan
COBRA Subsidy for those deemed eligible for the subsidy
January 2009 Rates - CIGNA Dental (4034)
Prepared 4/1/09

COBRA Employee Only \$25.58
COBRA Employee + Spouse \$45.96
COBRA Employee + Children \$54.08
COBRA Family \$65.63

EE coverage is assured once this amount is paid

	EE Contribution		ER Contribution		Total Payment
	Calculation	Amount	Calculation	Amount	
Individual					
1 members elig for subsidy	\$25.58 * 35%	\$8.95	\$25.58 * 65%	\$16.63	\$25.58
Employee + Spouse					
2 members elig for subsidy	\$45.96 * 35%	\$16.09	\$45.96 * 65%	\$29.87	\$45.96
1 member elig for subsidy, 1 not					
person 1	\$25.58 * 35%	\$8.95	\$25.58 * 65%	\$16.63	\$25.58
person 2	\$20.38 * 100%	\$20.38	\$20.38 * 0%	\$0.00	\$20.38
		\$29.33		\$16.63	\$45.96
Employee + Children					
2 members elig for subsidy	\$54.08 * 35%	\$18.93	\$54.08 * 65%	\$35.15	\$54.08
1 member elig for subsidy, 1 ore more not					
person 1	\$25.58 * 35%	\$8.95	\$25.58 * 65%	\$16.63	\$25.58
person 2	\$28.50 * 100%	\$28.50	\$28.50 * 0%	\$0.00	\$28.50
		\$37.45		\$16.63	\$54.08
2 members elig for subsidy, 1 or more not					
person 1	\$25.58 * 35%	\$8.95	\$25.58 * 65%	\$16.63	\$25.58
person 2	\$25.58 * 35%	\$8.95	\$25.58 * 65%	\$16.63	\$25.58
person 3	\$2.92 * 100%	\$2.92	\$2.92 * 0%	\$0.00	\$2.92
		\$20.82		\$33.26	\$54.08
3 members elig for subsidy, 1 or more not					
person 1	\$25.58 * 35%	\$8.95	\$25.58 * 65%	\$16.63	\$25.58
person 2	\$25.58 * 35%	\$8.95	\$25.58 * 65%	\$16.63	\$25.58
person 3	\$2.92 * 35%	\$1.02	\$2.92 * 65%	\$1.90	\$2.92
person 4	\$0.00 * 100%	\$0.00	\$0.00 * 0%	\$0.00	\$0.00
		\$18.92		\$35.16	\$54.08
3 or more members elig for subsidy	\$54.08 * 35%	\$18.93	\$54.08 * 65%	\$35.15	\$54.08
Family					
2 members elig for subsidy	\$65.63 * 35%	\$22.97	\$65.63 * 65%	\$42.66	\$65.63
1 member elig for subsidy, 1 or more not					
person 1	\$25.58 * 35%	\$8.95	\$25.58 * 65%	\$16.63	\$25.58
person 2	\$40.05 * 100%	\$40.05	\$40.05 * 0%	\$0.00	\$40.05
		\$49.00		\$16.63	\$65.63
2 members elig for subsidy, 1 or more not					
person 1	\$25.58 * 35%	\$8.95	\$25.58 * 65%	\$16.63	\$25.58
person 2	\$25.58 * 35%	\$8.95	\$25.58 * 65%	\$16.63	\$25.58
person 3	\$14.47 * 100%	\$14.47	\$14.47 * 0%	\$0.00	\$14.47
		\$32.37		\$33.26	\$65.63
3 members elig for subsidy, 1 or more not					
person 1	\$25.58 * 35%	\$8.95	\$25.58 * 65%	\$16.63	\$25.58
person 2	\$25.58 * 35%	\$8.95	\$25.58 * 65%	\$16.63	\$25.58
person 3	\$14.47 * 35%	\$5.06	\$14.47 * 65%	\$9.41	\$14.47
person 4	\$0.00 * 100%	\$0.00	\$0.00 * 0%	\$0.00	\$0.00
		\$22.97		\$42.66	\$65.63
3 or more members elig for subsidy	\$65.63 * 35%	\$22.97	\$65.63 * 65%	\$42.66	\$65.63

Division of State Group Insurance
Dental Plan
COBRA Subsidy for those deemed eligible for the subsidy
January 2009 Rates - CompBenefits Select 15 (4044)
Prepared 4/1/09

COBRA Employee Only \$12.89
COBRA Employee + Spouse \$21.62
COBRA Employee + Children \$23.46
COBRA Family \$33.64

EE coverage is assured once this amount is paid

	EE Contribution		ER Contribution		Total Payment
	Calculation	Amount	Calculation	Amount	
Individual					
1 members elig for subsidy	\$12.89 * 35%	\$4.51	\$12.89 * 65%	\$8.38	\$12.89
Employee + Spouse					
2 members elig for subsidy	\$21.62 * 35%	\$7.57	\$21.62 * 65%	\$14.05	\$21.62
1 member elig for subsidy, 1 not person 1	\$12.89 * 35%	\$4.51	\$12.89 * 65%	\$8.38	\$12.89
person 2	\$8.73 * 100%	\$8.73	\$8.73 * 0%	\$0.00	\$8.73
		\$13.24		\$8.38	\$21.62
Employee + Children					
2 members elig for subsidy	\$23.46 * 35%	\$8.21	\$23.46 * 65%	\$15.25	\$23.46
1 member elig for subsidy, 1 ore more not person 1	\$12.89 * 35%	\$4.51	\$12.89 * 65%	\$8.38	\$12.89
person 2	\$10.57 * 100%	\$10.57	\$10.57 * 0%	\$0.00	\$10.57
		\$15.08		\$8.38	\$23.46
2 members elig for subsidy, 1 or more not person 1	\$12.89 * 35%	\$4.51	\$12.89 * 65%	\$8.38	\$12.89
person 2	\$10.57 * 35%	\$3.70	\$10.57 * 65%	\$6.87	\$10.57
person 3	\$0.00 * 100%	\$0.00	\$0.00 * 0%	\$0.00	\$0.00
		\$8.21		\$15.25	\$23.46
3 or more members elig for subsidy	\$23.46 * 35%	\$8.21	\$23.46 * 65%	\$15.25	\$23.46
Family					
2 members elig for subsidy	\$33.64 * 35%	\$11.77	\$33.64 * 65%	\$21.87	\$33.64
1 member elig for subsidy, 1 or more not person 1	\$12.89 * 35%	\$4.51	\$12.89 * 65%	\$8.38	\$12.89
person 2	\$20.75 * 100%	\$20.75	\$20.75 * 0%	\$0.00	\$20.75
		\$25.26		\$8.38	\$33.64
2 members elig for subsidy, 1 or more not person 1	\$12.89 * 35%	\$4.51	\$12.89 * 65%	\$8.38	\$12.89
person 2	\$12.89 * 35%	\$4.51	\$12.89 * 65%	\$8.38	\$12.89
person 3	\$7.86 * 100%	\$7.86	\$7.86 * 0%	\$0.00	\$7.86
		\$16.88		\$16.76	\$33.64
3 members elig for subsidy, 1 or more not person 1	\$12.89 * 35%	\$4.51	\$12.89 * 65%	\$8.38	\$12.89
person 2	\$12.89 * 35%	\$4.51	\$12.89 * 65%	\$8.38	\$12.89
person 3	\$7.86 * 35%	\$2.75	\$7.86 * 65%	\$5.11	\$7.86
person 4	\$0.00 * 100%	\$0.00	\$0.00 * 0%	\$0.00	\$0.00
		\$11.77		\$21.87	\$33.64
3 or more members elig for subsidy	\$33.64 * 35%	\$11.77	\$33.64 * 65%	\$21.87	\$33.64

Division of State Group Insurance
Dental Plan
COBRA Subsidy for those deemed eligible for the subsidy
January 2009 Rates - CompBenefits Preferred Plus (4054)
Prepared 4/1/09

COBRA Employee Only \$27.36
COBRA Employee + Spouse \$50.61
COBRA Employee + Children \$56.55
COBRA Family \$82.11

EE coverage is assured once this amount is paid

	EE Contribution		ER Contribution		Total Payment
	Calculation	Amount	Calculation	Amount	
Individual					
1 members elig for subsidy	\$27.36 * 35%	\$9.58	\$27.36 * 65%	\$17.78	\$27.36
Employee + Spouse					
2 members elig for subsidy	\$50.61 * 35%	\$17.71	\$50.61 * 65%	\$32.90	\$50.61
1 member elig for subsidy, 1 not person 1	\$27.36 * 35%	\$9.58	\$27.36 * 65%	\$17.78	\$27.36
person 2	\$23.25 * 100%	\$23.25	\$23.25 * 0%	\$0.00	\$23.25
		\$32.83		\$17.78	\$50.61
Employee + Children					
2 members elig for subsidy	\$56.55 * 35%	\$19.79	\$56.55 * 65%	\$36.76	\$56.55
1 member elig for subsidy, 1 ore more not person 1	\$27.36 * 35%	\$9.58	\$27.36 * 65%	\$17.78	\$27.36
person 2	\$29.19 * 100%	\$29.19	\$29.19 * 0%	\$0.00	\$29.19
		\$38.77		\$17.78	\$56.55
2 members elig for subsidy, 1 or more not person 1	\$27.36 * 35%	\$9.58	\$27.36 * 65%	\$17.78	\$27.36
person 2	\$27.36 * 35%	\$9.58	\$27.36 * 65%	\$17.78	\$27.36
person 3	\$1.83 * 100%	\$1.83	\$1.83 * 0%	\$0.00	\$1.83
		\$20.99		\$35.56	\$56.55
3 or more members elig for subsidy	\$56.55 * 35%	\$19.79	\$56.55 * 65%	\$36.76	\$56.55
Family					
2 members elig for subsidy	\$82.11 * 35%	\$28.74	\$82.11 * 65%	\$53.37	\$82.11
1 member elig for subsidy, 1 or more not person 1	\$27.36 * 35%	\$9.58	\$27.36 * 65%	\$17.78	\$27.36
person 2	\$54.75 * 100%	\$54.75	\$54.75 * 0%	\$0.00	\$54.75
		\$64.33		\$17.78	\$82.11
2 members elig for subsidy, 1 or more not person 1	\$27.36 * 35%	\$9.58	\$27.36 * 65%	\$17.78	\$27.36
person 2	\$27.36 * 35%	\$9.58	\$27.36 * 65%	\$17.78	\$27.36
person 3	\$27.39 * 100%	\$27.39	\$27.39 * 0%	\$0.00	\$27.39
		\$46.55		\$35.56	\$82.11
3 members elig for subsidy, 1 or more not person 1	\$27.36 * 35%	\$9.58	\$27.36 * 65%	\$17.78	\$27.36
person 2	\$27.36 * 35%	\$9.58	\$27.36 * 65%	\$17.78	\$27.36
person 3	\$27.36 * 35%	\$9.58	\$27.36 * 65%	\$17.78	\$27.36
person 4	\$0.03 * 100%	\$0.03	\$0.03 * 0%	\$0.00	\$0.03
		\$28.77		\$53.34	\$82.11
3 or more members elig for subsidy	\$82.11 * 35%	\$28.74	\$82.11 * 65%	\$53.37	\$82.11

Division of State Group Insurance
Dental Plan
COBRA Subsidy for those deemed eligible for the subsidy
January 2009 Rates - Ameritas Dental (4064)
Prepared 4/1/09

COBRA Employee Only \$9.02
COBRA Employee + Spouse \$18.12
COBRA Employee + Children \$23.58
COBRA Family \$32.68

EE coverage is assured once this amount is paid

	EE Contribution		ER Contribution		Total Payment
	Calculation	Amount	Calculation	Amount	
Individual					
1 members elig for subsidy	\$9.02 * 35%	\$3.16	\$9.02 * 65%	\$5.86	\$9.02
Employee + Spouse					
2 members elig for subsidy	\$18.12 * 35%	\$6.34	\$18.12 * 65%	\$11.78	\$18.12
1 member elig for subsidy, 1 not person 1	\$9.02 * 35%	\$3.16	\$9.02 * 65%	\$5.86	\$9.02
person 2	\$9.10 * 100%	\$9.10	\$9.10 * 0%	\$0.00	\$9.10
		\$12.26		\$5.86	\$18.12
Employee + Children					
2 members elig for subsidy	\$23.58 * 35%	\$8.25	\$23.58 * 65%	\$15.33	\$23.58
1 member elig for subsidy, 1 ore more not person 1	\$9.02 * 35%	\$3.16	\$9.02 * 65%	\$5.86	\$9.02
person 2	\$14.56 * 100%	\$14.56	\$14.56 * 0%	\$0.00	\$14.56
		\$17.72		\$5.86	\$23.58
2 members elig for subsidy, 1 or more not person 1	\$9.02 * 35%	\$3.16	\$9.02 * 65%	\$5.86	\$9.02
person 2	\$9.02 * 35%	\$3.16	\$9.02 * 65%	\$5.86	\$9.02
person 3	\$5.54 * 100%	\$5.54	\$5.54 * 0%	\$0.00	\$5.54
		\$11.86		\$11.72	\$23.58
3 or more members elig for subsidy	\$23.58 * 35%	\$8.25	\$23.58 * 65%	\$15.33	\$23.58
Family					
2 members elig for subsidy	\$32.68 * 35%	\$11.44	\$32.68 * 65%	\$21.24	\$32.68
1 member elig for subsidy, 1 or more not person 1	\$9.02 * 35%	\$3.16	\$9.02 * 65%	\$5.86	\$9.02
person 2	\$23.66 * 100%	\$23.66	\$23.66 * 0%	\$0.00	\$23.66
		\$26.82		\$5.86	\$32.68
2 members elig for subsidy, 1 or more not person 1	\$9.02 * 35%	\$3.16	\$9.02 * 65%	\$5.86	\$9.02
person 2	\$9.02 * 35%	\$3.16	\$9.02 * 65%	\$5.86	\$9.02
person 3	\$14.64 * 100%	\$14.64	\$14.64 * 0%	\$0.00	\$14.64
		\$20.96		\$11.72	\$32.68
3 members elig for subsidy, 1 or more not person 1	\$9.02 * 35%	\$3.16	\$9.02 * 65%	\$5.86	\$9.02
person 2	\$9.02 * 35%	\$3.16	\$9.02 * 65%	\$5.86	\$9.02
person 3	\$9.02 * 35%	\$3.16	\$9.02 * 65%	\$5.86	\$9.02
person 4	\$5.62 * 100%	\$5.62	\$5.62 * 0%	\$0.00	\$5.62
		\$15.10		\$17.58	\$32.68
3 or more members elig for subsidy	\$32.68 * 35%	\$11.44	\$32.68 * 65%	\$21.24	\$32.68

Division of State Group Insurance
Dental Plan
COBRA Subsidy for those deemed eligible for the subsidy
January 2009 Rates - Assurant Freedom Advance (4074)
Prepared 4/1/09

COBRA Employee Only \$39.12
COBRA Employee + Spouse \$75.10
COBRA Employee + Children \$88.50
COBRA Family \$117.07

EE coverage is assured once this amount is paid

	EE Contribution		ER Contribution		Total Payment
	Calculation	Amount	Calculation	Amount	
Individual					
1 members elig for subsidy	\$39.12 * 35%	\$13.69	\$39.12 * 65%	\$25.43	\$39.12
Employee + Spouse					
2 members elig for subsidy	\$75.10 * 35%	\$26.29	\$75.10 * 65%	\$48.82	\$75.10
1 member elig for subsidy, 1 not person 1	\$39.12 * 35%	\$13.69	\$39.12 * 65%	\$25.43	\$39.12
person 2	\$35.98 * 100%	\$35.98	\$35.98 * 0%	\$0.00	\$35.98
		\$49.67		\$25.43	\$75.10
Employee + Children					
2 members elig for subsidy	\$88.50 * 35%	\$30.98	\$88.50 * 65%	\$57.53	\$88.50
1 member elig for subsidy, 1 ore more not person 1	\$39.12 * 35%	\$13.69	\$39.12 * 65%	\$25.43	\$39.12
person 2	\$49.38 * 100%	\$49.38	\$49.38 * 0%	\$0.00	\$49.38
		\$63.07		\$25.43	\$88.50
2 members elig for subsidy, 1 or more not person 1	\$39.12 * 35%	\$13.69	\$39.12 * 65%	\$25.43	\$39.12
person 2	\$39.12 * 35%	\$13.69	\$39.12 * 65%	\$25.43	\$39.12
person 3	\$10.26 * 100%	\$10.26	\$10.26 * 0%	\$0.00	\$10.26
		\$37.64		\$50.86	\$88.50
3 or more members elig for subsidy	\$88.50 * 35%	\$30.98	\$88.50 * 65%	\$57.53	\$88.50
Family					
2 members elig for subsidy	\$117.07 * 35%	\$40.97	\$117.07 * 65%	\$76.10	\$117.07
1 member elig for subsidy, 1 or more not person 1	\$39.12 * 35%	\$13.69	\$39.12 * 65%	\$25.43	\$39.12
person 2	\$77.95 * 100%	\$77.95	\$77.95 * 0%	\$0.00	\$77.95
		\$91.64		\$25.43	\$117.07
2 members elig for subsidy, 1 or more not person 1	\$39.12 * 35%	\$13.69	\$39.12 * 65%	\$25.43	\$39.12
person 2	\$39.12 * 35%	\$13.69	\$39.12 * 65%	\$25.43	\$39.12
person 3	\$38.83 * 100%	\$38.83	\$38.83 * 0%	\$0.00	\$38.83
		\$66.21		\$50.86	\$117.07
3 members elig for subsidy, 1 or more not person 1	\$39.12 * 35%	\$13.69	\$39.12 * 65%	\$25.43	\$39.12
person 2	\$39.12 * 35%	\$13.69	\$39.12 * 65%	\$25.43	\$39.12
person 3	\$38.83 * 35%	\$13.59	\$38.83 * 65%	\$25.24	\$38.83
person 4	\$0.00 * 100%	\$0.00	\$0.00 * 0%	\$0.00	\$0.00
		\$40.97		\$76.10	\$117.07
3 or more members elig for subsidy	\$117.07 * 35%	\$40.97	\$117.07 * 65%	\$76.10	\$117.07

Division of State Group Insurance
Dental Plan
COBRA Subsidy for those deemed eligible for the subsidy
January 2009 Rates - CompBenefits Schedule B (4084)
Prepared 4/1/09

COBRA Employee Only \$15.03
COBRA Employee + Spouse \$22.40
COBRA Employee + Children \$23.77
COBRA Family \$37.84

EE coverage is assured once this amount is paid

	EE Contribution		ER Contribution		Total Payment
	Calculation	Amount	Calculation	Amount	
Individual					
1 members elig for subsidy	\$15.03 * 35%	\$5.26	\$15.03 * 65%	\$9.77	\$15.03
Employee + Spouse					
2 members elig for subsidy	\$22.40 * 35%	\$7.84	\$22.40 * 65%	\$14.56	\$22.40
1 member elig for subsidy, 1 not person 1	\$15.03 * 35%	\$5.26	\$15.03 * 65%	\$9.77	\$15.03
person 2	\$7.37 * 100%	\$7.37	\$7.37 * 0%	\$0.00	\$7.37
		\$12.63		\$9.77	\$22.40
Employee + Children					
2 members elig for subsidy	\$23.77 * 35%	\$8.32	\$23.77 * 65%	\$15.45	\$23.77
1 member elig for subsidy, 1 ore more not person 1	\$15.03 * 35%	\$5.26	\$15.03 * 65%	\$9.77	\$15.03
person 2	\$8.74 * 100%	\$8.74	\$8.74 * 0%	\$0.00	\$8.74
		\$14.00		\$9.77	\$23.77
2 members elig for subsidy, 1 or more not person 1	\$15.03 * 35%	\$5.26	\$15.03 * 65%	\$9.77	\$15.03
person 2	\$8.74 * 35%	\$3.06	\$8.74 * 65%	\$5.68	\$8.74
person 3	\$0.00 * 100%	\$0.00	\$0.00 * 0%	\$0.00	\$0.00
		\$8.32		\$15.45	\$23.77
3 or more members elig for subsidy	\$23.77 * 35%	\$8.32	\$23.77 * 65%	\$15.45	\$23.77
Family					
2 members elig for subsidy	\$37.84 * 35%	\$13.24	\$37.84 * 65%	\$24.60	\$37.84
1 member elig for subsidy, 1 or more not person 1	\$15.03 * 35%	\$5.26	\$15.03 * 65%	\$9.77	\$15.03
person 2	\$22.81 * 100%	\$22.81	\$22.81 * 0%	\$0.00	\$22.81
		\$28.07		\$9.77	\$37.84
2 members elig for subsidy, 1 or more not person 1	\$15.03 * 35%	\$5.26	\$15.03 * 65%	\$9.77	\$15.03
person 2	\$15.03 * 35%	\$5.26	\$15.03 * 65%	\$9.77	\$15.03
person 3	\$7.78 * 100%	\$7.78	\$7.78 * 0%	\$0.00	\$7.78
		\$18.30		\$19.54	\$37.84
3 members elig for subsidy, 1 or more not person 1	\$15.03 * 35%	\$5.26	\$15.03 * 65%	\$9.77	\$15.03
person 2	\$15.03 * 35%	\$5.26	\$15.03 * 65%	\$9.77	\$15.03
person 3	\$7.78 * 35%	\$2.72	\$7.78 * 65%	\$5.06	\$7.78
person 4	\$0.00 * 100%	\$0.00	\$0.00 * 0%	\$0.00	\$0.00
		\$13.24		\$24.60	\$37.84
3 or more members elig for subsidy	\$37.84 * 35%	\$13.24	\$37.84 * 65%	\$24.60	\$37.84