

# COBRA Continuation of Group Coverage and American Recovery and Reinvestment Act (ARRA) COBRA Period Premium Information

## Effective: March 1, 2009–December 31, 2009

If you elect COBRA continuation coverage, you must pay the monthly premiums shown below for your appropriate coverage level. If you are eligible for the ARRA reduced premiums, those rates can last for up to nine months subject to earlier termination as described in these COBRA materials. At this time, guidelines for the ARRA COBRA subsidy program are still being defined. If guidelines change in the future, UC reserves the right to modify the ARRA COBRA subsidy program within federal guidelines.

You must elect StayWell separately; it will not automatically be included with your medical plan.

If you were enrolled in a medical plan for Medicare enrollees before the COBRA qualifying event, call Customer Service (1-800-888-8267) for premium amounts for the Medicare plans.

Please see the UC HR/Benefits website ([atyourservice.ucop.edu](http://atyourservice.ucop.edu)) or call your Benefits Office or the UC Customer Service Center (1-800-888-8267) for more information.

## Medical Program

		MONTHLY PREMIUM INFORMATION (for 18-month and 36-month COBRA continuation periods only)			
		Self	Self Plus Child(ren)	Self Plus Adult	Self Plus Adult Plus Child(ren)

<b>Anthem Blue Cross PLUS</b> <i>(Available only to those who live or work in plan's service area)</i>	Employee Monthly Cost	\$530.64	\$955.17	\$1,114.36	\$1,538.86
	<b>Employee Monthly Cost with ARRA Subsidy</b>	<b>\$185.72</b>	<b>\$334.31</b>	<b>\$390.03</b>	<b>\$538.60</b>
<b>Anthem Blue Cross PPO</b>	Employee Monthly Cost	\$527.79	\$950.03	\$1,108.35	\$1,530.59
	<b>Employee Monthly Cost with ARRA Subsidy</b>	<b>\$184.73</b>	<b>\$332.51</b>	<b>\$387.92</b>	<b>\$535.71</b>
<b>CIGNA Choice Fund</b>	Employee Monthly Cost	\$298.66	\$537.58	\$627.18	\$866.09
	<b>Employee Monthly Cost with ARRA Subsidy</b>	<b>\$104.53</b>	<b>\$188.15</b>	<b>\$219.51</b>	<b>\$303.13</b>
<b>Core Medical Plan</b>	Employee Monthly Cost	\$51.00	\$91.80	\$108.12	\$148.92
	<b>Employee Monthly Cost with ARRA Subsidy</b>	<b>\$17.85</b>	<b>\$32.13</b>	<b>\$37.84</b>	<b>\$52.12</b>

## Medical Program

MONTHLY PREMIUM INFORMATION  
(for 18-month and 36-month COBRA continuation periods only)

		Self	Self Plus Child(ren)	Self Plus Adult	Self Plus Adult Plus Child(ren)
<b>Health Net</b> <i>(Available only to those who live in plan's service area)</i>	Employee Monthly Cost	\$431.67	\$777.02	\$906.51	\$1,251.86
	<b>Employee Monthly Cost with ARRA Subsidy</b>	<b>\$151.08</b>	<b>\$271.96</b>	<b>\$317.28</b>	<b>\$438.15</b>
<b>Kaiser Foundation Health Plan, Inc.—California</b>					
<b>For Kaiser North:</b> <i>(Available only to those who live or work in plan's service area)</i>	Employee Monthly Cost	\$376.20	\$677.16	\$790.01	\$1,090.97
	<b>Employee Monthly Cost with ARRA Subsidy</b>	<b>\$131.67</b>	<b>\$237.01</b>	<b>\$276.50</b>	<b>\$381.84</b>
<b>For Kaiser South:</b> <i>(Available only to those who live or work in plan's service area)</i>	Employee Monthly Cost	\$376.20	\$677.16	\$790.01	\$1,090.97
	<b>Employee Monthly Cost with ARRA Subsidy</b>	<b>\$131.67</b>	<b>\$237.01</b>	<b>\$276.50</b>	<b>\$381.84</b>
<b>Kaiser Foundation Health Plan, Inc.—Mid-Atlantic Plan</b> <i>(Available only to those who live or work in plan's service areas in MD, VA, or DC)</i>	Employee Monthly Cost	\$464.38	\$835.88	\$975.19	\$1,346.69
	<b>Employee Monthly Cost with ARRA Subsidy</b>	<b>\$162.53</b>	<b>\$292.56</b>	<b>\$341.32</b>	<b>\$471.34</b>
<b>Western Health Advantage</b> <i>(Available only to those who live or work in plan's service area)</i>	Employee Monthly Cost	\$437.28	\$787.11	\$918.30	\$1,268.13
	<b>Employee Monthly Cost with ARRA Subsidy</b>	<b>\$153.05</b>	<b>\$275.49</b>	<b>\$321.41</b>	<b>\$443.85</b>
<b>Wellness Program</b>					
<b>StayWell</b>	Employee Monthly Cost	\$11.10	\$11.10 No ARRA subsidy available	\$11.10	\$11.10

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	Self	Self Plus Child(ren)	Self Plus Adult	Self Plus Adult Plus Child(ren)
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## Dental Program

<b>Delta Dental PPO</b>	Employee Monthly Cost	\$42.32	\$86.40	\$79.50	\$141.46
	<b>Employee Monthly Cost with ARRA Subsidy</b>	<b>\$14.81</b>	<b>\$30.24</b>	<b>\$27.83</b>	<b>\$49.51</b>

<b>DeltaCare® USA</b> <i>(Available only to California residents)</i>	Employee Monthly Cost	\$20.91	\$36.04	\$35.88	\$51.02
	<b>Employee Monthly Cost with ARRA Subsidy</b>	<b>\$7.32</b>	<b>\$12.61</b>	<b>\$12.56</b>	<b>\$17.86</b>

## Vision Program

<b>VSP</b>	Employee Monthly Cost	\$13.72	\$13.72	\$13.72	\$13.72
	<b>Employee Monthly Cost with ARRA Subsidy</b>	<b>\$4.80</b>	<b>\$4.80</b>	<b>\$4.80</b>	<b>\$4.80</b>

## Health FSA

CONEXIS

No ARRA subsidy available—your contribution plus 2 percent