Media Guild Health & Welfare Plan

COBRA Rates

Effective 11/1/08

Rates are monthly
COBRA rates include 2% administrative fee

	Kaiser	HealthNet HMO	HealthNet PPO
SINGLE	$446.64	$534.53	$457.74
+ V/D	$511.49	$599.33	$522.54
1 DEPENDENT	$ 893.28	$1,149.24	$ 915.47
+ V/D	$1,003.43	$1,259.39	$1,025.62
2 or more DEPENDENTS	$1,263.99	$1,576.86	$1,327.45
+ V/D	$1,432.49	$1,745.36	$1,495.95

VISION SERVICE & DELTA DENTAL:

SINGLE:	$ 64.80
1 DEPENDENT:	$110.15
2 or more DEPENDENTS:	$168.50

HealthNet OOA 11725C (Outside California)

SINGLE	$777.77
+ V/D	$842.57
1 DEPENDENT	$1,555.56
+ V/D	$1,665.71
2 DEPENDENTS	$2,255.55
+ V/D	$2,424.05