

## FY2009 COBRA Monthly Rates

(effective July 1, 2008 – June 30, 2009)

### **QUALITY CARE HEALTH PLAN (Carrier Code D3)**

	<u>Total</u>
Member Only	\$641.88
Member Plus 1 Non Medicare Dependent	\$1299.67
Member Plus 2 or More Dependents	\$1531.78
Member Plus 1 Medicare Primary Dependent	\$1007.89
Member Plus 2 or More Medicare Primary Dependents	\$1531.78

### **OSF HEALTHPLANS (Carrier Code CA)**

	<u>Total</u>
Member Only	\$480.93
Member Plus 1 Non Medicare Dependent	\$909.51
Member Plus 2 or More Dependents	\$1217.94
Member Plus 1 Medicare Primary Dependent	\$813.04
Member Plus 2 or More Medicare Primary Dependents	\$1217.94

### **HEALTH ALLIANCE HMO (Carrier Code AH)**

	<u>Total</u>
Member Only	\$483.25
Member Plus 1 Non Medicare Dependent	\$913.79
Member Plus 2 or More Dependents	\$1223.60
Member Plus 1 Medicare Primary Dependent	\$816.87
Member Plus 2 or More Medicare Primary Dependents	\$1223.60

### **OSF WINNEBAGO (Carrier Code CE)**

	<u>Total</u>
Member Only	\$512.67
Member Plus 1 Non Medicare Dependent	\$967.91
Member Plus 2 or More Dependents	\$1295.37
Member Plus 1 Medicare Primary Dependent	\$865.40
Member Plus 2 or More Medicare Primary Dependents	\$1295.37

### **HEALTH ALLIANCE ILLINOIS (Carrier Code BS)**

	<u>Total</u>
Member Only	\$553.71
Member Plus 1 Non Medicare Dependent	\$1043.43
Member Plus 2 or More Dependents	\$1395.51
Member Plus 1 Medicare Primary Dependent	\$933.12
Member Plus 2 or More Medicare Primary Dependents	\$1395.51

### **PERSONALCARE (Carrier Code AS)**

	<u>Total</u>
Member Only	\$458.08
Member Plus 1 Non Medicare Dependent	\$867.46
Member Plus 2 or More Dependents	\$1162.18
Member Plus 1 Medicare Primary Dependent	\$775.32
Member Plus 2 or More Medicare Primary Dependents	\$1162.18

### **HEALTHLINK OAP (Carrier Code CF)**

	<u>Total</u>
Member Only	\$525.46
Member Plus 1 Non Medicare Dependent	\$991.45
Member Plus 2 or More Dependents	\$1326.58
Member Plus 1 Medicare Primary Dependent	\$886.49
Member Plus 2 or More Medicare Primary Dependents	\$1326.58

### **UNICARE HMO (Carrier Code CC)**

	<u>Total</u>
Member Only	\$425.23
Member Plus 1 Non Medicare Dependent	\$807.03
Member Plus 2 or More Dependents	\$1082.02
Member Plus 1 Medicare Primary Dependent	\$721.13
Member Plus 2 or More Medicare Primary Dependents	\$1082.02

### **HMO ILLINOIS (Carrier Code BY)**

	<u>Total</u>
Member Only	\$398.75
Member Plus 1 Non Medicare Dependent	\$758.30
Member Plus 2 or More Dependents	\$1017.42
Member Plus 1 Medicare Primary Dependent	\$677.43
Member Plus 2 or More Medicare Primary Dependents	\$1017.42

### **QUALITY CARE DENTAL PLAN**

	<u>Total</u>
Member Only	\$29.70
Member Plus 1 Dependent	\$53.62
Member Plus 2 or More Dependents	\$94.26