

Ceridian: Cobra Rate Sheet Dickinson College

Plan Name	Description	Coverage Level	Monthly Cobra Premium (7/1/14-6/30/15)
HealthAmerica	MEDICAL and PRESCRIPTION	Individual	\$481.44
		Individual + Spouse	\$982.18
		Individual + Child	\$751.06
		Individual + Children	\$1,001.47
		Family	\$1,222.98
United Concordia	DENTAL Select II (Low Option)	Individual	\$28.10
		Individual + 1	\$52.16
		Family	\$83.14
United Concordia	DENTAL Choice V6 (High Option)	Individual	\$30.90
		Individual + 1	\$59.23
		Family	\$105.90
Vision Benefits of America	VISION	Individual	\$7.45
		Individual + 1	\$13.62
		Family	\$18.51