

# COBRA Rates

Effective September 1, 2006  
**NOTE: All premiums are monthly.**

<b>COBRA Health Premium Cost</b> (rates include a 2% administrative fee)					
<b>Plan Code</b>	<b>Plan Name/City</b>	<b>Member Only</b>	<b>Member &amp; Spouse</b>	<b>Member &amp; Child(ren)</b>	<b>Member &amp; Family</b>
HI	HealthSelect of Texas	\$365.48	\$785.78	\$646.89	\$1,067.19
CF	Community First Health Plans, Inc.	311.39	669.48	551.16	909.25
FA	FirstCare/Amarillo	332.49	714.86	588.51	970.88
FC	FirstCare/Abilene	355.95	765.30	630.03	1,039.38
FL	FirstCare/Lubbock	360.66	775.42	638.37	1,053.13
FW	FirstCare/Waco	319.93	687.86	566.28	934.21
MM	Mercy Health Plans	293.85	631.78	520.12	858.04
SW	Scott & White Health Plan	328.46	706.19	581.38	959.11
VH	Valley Baptist Health Plans	276.52	594.53	489.45	807.45
<b>Dental Plan Premiums</b>					
DP	Dental HMO Plan (Aetna)	\$7.36	\$13.26	\$15.97	\$19.66
DB	Dental Choice Plan (GEHA)	21.45	40.53	48.47	67.55

# COBRA Disability Rates

Effective September 1, 2006  
**NOTE: All premiums are monthly.**

<b>COBRA Health Premium Cost</b> (rates include a 50% administrative fee)					
<b>Plan Code</b>	<b>Plan Name/City</b>	<b>Member Only</b>	<b>Member &amp; Spouse</b>	<b>Member &amp; Child(ren)</b>	<b>Member &amp; Family</b>
HI	HealthSelect of Texas	\$537.47	\$1,155.56	\$951.32	\$1,569.41
CF	Community First Health Plans, Inc.	457.92	984.53	810.53	1,337.13
FA	FirstCare/Amarillo	488.96	1,051.26	865.46	1,427.76
FC	FirstCare/Abilene	523.46	1,125.44	926.52	1,528.50
FL	FirstCare/Lubbock	530.39	1,140.33	938.78	1,548.72
FW	FirstCare/Waco	470.49	1,011.56	832.77	1,373.84
MM	Mercy Health Plans	432.14	929.09	764.88	1,261.83
SW	Scott & White Health Plan	483.03	1,038.51	854.97	1,410.45
VH	Valley Baptist Health Plans	406.65	874.31	719.78	1,187.43
<b>Dental Plan Premiums</b>					
DP	Dental HMO Plan (Aetna)	\$10.83	\$19.50	\$23.49	\$28.91
DB	Dental Choice Plan (GEHA)	31.55	59.61	71.28	99.35