

Monthly COBRA Rates - FY2009 Effective January 1, 2009 – June 30, 2009

STATE HEALTH PLAN		Code	EE	Code	EE+1	Code	EE+2
Quality Care Health Plan (CIGNA) (D3)		1K	641.88	1L	1299.67	1M	1531.78
MANAGED CARE PLANS		Code	EE	Code	EE+1	Code	EE+2
Health Alliance HMO (Carle) (AH)		1K	483.25	1L	913.79	1M	1223.60
Health Alliance Illinois (BS)		1K	553.71	1L	1043.43	1M	1395.51
Healthlink - OAP (CF)		1K	525.46	1L	991.45	1M	1326.58
HMO Illinois (BY)		1K	398.75	1L	758.30	1M	1017.42
OSF Health Care (CA)		1K	480.93	1L	909.51	1M	1217.94
OSF Winnebago (CE)		1K	512.67	1L	967.91	1M	1295.37
PersonalCare HMO (AS)		1K	458.08	1L	867.46	1M	1162.18
Unicare HMO (CC)		1K	425.23	1L	807.03	1M	1082.02
DENTAL PLANS		Code	EE	Code	EE+1	Code	EE+2
Quality Care Dental (D6)		W1	29.70	X1	53.62	X2	94.26

** Any member or dependent who is eligible for Medicare is not eligible to participate in the COBRA program.