# **COBRA Contributions**

The University medical, dental, vision and Healthcare FSA reimbursement plans may be continued in accordance with COBRA, which generally allows for coverage continuation for 18 months beyond the separation date at the expense of the employee. The table below shows the total cost of coverage for medical, dental, and vision. Should you elect to continue your bene ts under COBRA, you will be responsible for the entire monthly premium of your benefit, including the DU portion plus the employee portion plus a 2% administrative fee. Your monthly premiums will be sent directly to Rocky Mountain Reserve.

#### Medical: Kaiser

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<b>7</b>	\$763.92	\$615.89
V , ~ t & , ~ t - / , ~ -	\$1,527.83	\$1,231.77
▼ \ ~ \ &=: . ( _ )	\$1,375.05	\$1,108.60
ξ, ι	\$2,138.96	\$1,724.48

#### Dental: Delta Dental and Beta Health

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▼ \ \ \ \ \ \ . \ . \ . \ . \ . \ . \ .	\$33.57	\$56.03	\$10.97
▼ \ \ \ & \ \ † <sub>7</sub> / \ \	\$66.17	\$110.46	\$20.66
▼ <sub>\ ~</sub>	\$79.60	\$132.84	\$23.72
ξ <sub>1</sub>	\$124.25	\$207.06	\$30.35

# Vision: EyeMed

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<b>1</b> 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$6.94	\$9.69		
▼ , ~t & , ~t- / + ~-	\$13.21	\$18.40		
▼ \~L &=: .( _ )	\$13.91	\$19.39		
₹+ ↓	\$20.45	\$28.49		

### **Voluntary Life Insurance**

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<b>L</b> . 20	\$0.05	\$0.05	
20-24	\$0.05	\$0.05	
25-2	\$0.06	\$0.06	
30-34			_
			\$0.20

# How to calculate your monthly **Voluntary Life rate:**

**Note:** Premium is determined by the employee's age. As you age and change groups your premium will increase.

To determine how much Voluntary Life will cost you per month, take the amount you want to purchase, divide it by 1,000 and multiply by the amount beside your age.

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 1,000 = x =

47, a d a F e a e, a e ee h cha e \$120,000 f h e f a d \$70,000 f h e h age 42:

Employee:  $$120,000 \div 1,000 = 120 \times $0.15$ 

= \$18.00 per month

 $70,000 \div 1,000 = 70 \times 0.10 =$ Spouse\*:

\$7.00 per month

I h ea e hee ee d ha e \$28.50

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