

THE UNIVERSITY OF IOWA

MONTHLY PREMIUM FOR HEALTH/DENTAL CONTINUATION COVERAGE (COBRA)

EFFECTIVE SEPTEMBER 1, 2009

Plan Name	<u>Single</u>	<u>Employee/Spouse</u>	<u>Employee/Children</u>	<u>Family</u>
<u>Faculty/P&S/Merit Exempt Options:</u>				
CHIP II	\$456.00	\$1,326.00	\$553.00	\$1,217.00
UICHOICE	408.00	841.00	705.00	971.00
Dental I	26.00	53.00	75.00	83.00
Dental II	46.00	94.00	100.00	127.00
Dental III	54.00	100.00	106.00	140.00
<u>Merit System Options:</u>				
*Blue Advantage	390.97	N/A	N/A	914.88
*Blue Access	406.46			951.12
Program III Plus	656.10	N/A	N/A	1,535.27
Iowa Select	653.74	N/A	N/A	1,529.75
State Dental	26.66			\$71.46
<u>Effective September 1, 2009</u>				
<u>Student and Graduate Student Options:</u>				
Student	130.00	405.00	805.00	886.00
*UIGRADCare	256.00	422.00	809.00	898.00
Student Dental	23.00	42.00	56.00	62.00

***Only EMERGENCY care is covered outside the provider network.**

The plan in which you are currently enrolled in is listed on the enrollment form. You may be eligible to change plans within your category. Please call the University Benefits Office (335-2676) for more information.