

# THE UNIVERSITY OF IOWA

## MONTHLY PREMIUM FOR HEALTH/DENTAL CONTINUATION COVERAGE WITH FEDERAL SUBSIDY (COBRA) EFFECTIVE MARCH 1, 2009

<b>Plan Name</b>	<b><u>Single</u></b>	<b><u>Employee/Spouse**</u></b>	<b><u>Employee/Children**</u></b>	<b><u>Family**</u></b>
<u>Faculty/P&amp;S/Merit Exempt Options:</u>				
CHIP II	\$159.60	\$464.10	\$193.55	\$425.95
UICHOICE	142.80	294.35	246.75	339.85
Dental I	9.10	18.55	26.25	29.05
Dental II	16.10	32.90	35.00	49.45
Dental III	18.90	35.00	37.10	49.00
<u>Merit System Options:</u>				
*Blue Advantage	136.84	N/A	N/A	320.21
*Blue Access	142.26			332.89
Program III Plus	229.64	N/A	N/A	537.34
Iowa Select	228.81	N/A	N/A	535.41
State Dental	9.33			25.01
<b><u>Effective September 1, 2009</u></b>				
<u>Student and Graduate Student Options:</u>				
Student	39.55	111.65	223.30	266.00
*UIGRADCare	92.05	138.60	226.45	251.30
Student Dental	8.05	15.05	16.80	22.05

**\*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.*

\*\*If any dependents do not meet the definition of a qualified beneficiary under Federal COBRA, the premium reduction will be prorated.