

## 2004 COBRA RATES

PPO – UNITED HEALTHCARE				
<u>PLAN</u>	MEDICAL/VISION	MEDICAL/VISION DENTAL ASSISTANCE	MEDICAL/VISION DENTAL PLUS	MEDICAL/VISION WILLAMETTE DENTAL
Individual	\$512.12	\$529.32	\$545.13	\$547.09
Individual + 1	\$973.03	\$1005.58	\$1035.53	\$1039.45
Individual + More than one	\$1587.57	\$1640.76	\$1689.72	\$1695.95

GROUP HEALTH (HMO)				
<u>PLAN</u>	MEDICAL/VISION	MEDICAL/VISION DENTAL ASSISTANCE	MEDICAL/VISION DENTAL PLUS	MEDICAL/VISION WILLAMETTE DENTAL
Individual	\$339.63	\$356.83	\$372.64	\$374.60
Individual + 1	\$619.92	\$652.46	\$682.42	\$686.34
Individual + More than one	\$1038.02	\$1091.22	\$1140.18	\$1146.41

GROUP HEALTH OPTIONS (POS)				
<u>PLAN</u>	MEDICAL/VISION	MEDICAL/VISION DENTAL ASSISTANCE	MEDICAL/VISION DENTAL PLUS	MEDICAL/VISION WILLAMETTE DENTAL
Individual	\$353.84	\$371.04	\$386.85	\$388.80
Individual + 1	\$648.42	\$680.97	\$710.93	\$714.85
Individual + More than one	\$1085.68	\$1138.87	\$1187.83	\$1194.06