

Division of State Group Insurance
 State Employees' Health Insurance Program
 COBRA Subsidy for those deemed eligible for the subsidy
June 2008 Rates - Standard Plan
 Prepared 4/1/09

COBRA Individual \$456.25
 COBRA Family \$1,036.30

	EE Contribution			ER Contribution			Total Payment
	Calculation	Amount		Calculation	Amount		
Individual							
1 member elig for subsidy	\$458.25	35%	\$160.39	\$458.25	65%	\$297.86	\$458.25
Family							
2 members elig for subsidy	\$1,036.30	35%	\$362.71	\$1,036.30	65%	\$673.59	\$1,036.30
1 member elig for subsidy, 1 or more not							
person 1	\$458.25	35%	\$160.39	\$458.25	65%	\$297.86	\$458.25
person 2	\$578.05	100%	\$578.05	\$578.05	0%	\$0.00	\$578.05
			\$738.44			\$297.86	\$1,036.30
2 members elig for subsidy, 1 or more not							
person1	\$456.25	35%	\$160.39	\$458.25	65%	\$297.86	\$458.25
person 2	\$458.25	35%	\$160.39	\$458.25	65%	\$297.86	\$458.25
person 3	\$119.80	100%	\$119.80	\$119.80	0%	\$0.00	\$119.80
			\$440.58			\$595.72	\$1,036.30
3 members elig for subsidy, 1 or more not							
person 1	\$458.25	35%	\$160.39	\$458.25	65%	\$297.86	\$458.25
person 2	\$458.25	35%	\$160.39	\$458.25	65%	\$297.86	\$458.25
person 3	\$119.80	35%	\$41.93	\$119.80	65%	\$77.87	\$119.80
person 4	\$0.00	100%	\$0.00	\$0.00	0%	\$0.00	\$0.00
			\$362.71			\$673.59	\$1,036.30
3 or more							

members e elig for subsidy	\$1,036.30	35%	\$362.71	\$1,036.30	65%	\$673.59	\$1,036.30
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Division of State Group Insurance
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 COBRA Subsidy for those deemed eligible for the subsidy
May 2009 Rates - Standard Plan
 Prepared 4/1/09

COBRA Individual \$508.65
 COBRA Family \$1,150.29

	EE Contribution			ER Contribution			Total Payment
	Calculation		Amount	Calculation		Amount	
Individual							
1 member elig for subsidy	\$508.65	35%	\$178.03	\$508.65	65%	\$330.62	\$508.65
Family							
2 members elig for subsidy	\$1,150.29	35%	\$402.60	\$1,150.29	65%	\$747.69	\$1,150.29
1 member elig for subsidy, 1 or more not							
person 1	\$508.65	35%	\$178.03	\$508.65	65%	\$330.62	\$508.65
person 2	\$641.64	100%	\$641.64	\$641.64	0%	\$0.00	\$641.64
			\$819.67			\$330.62	\$1,150.29
2 members elig for subsidy, 1 or more not							
person1	\$508.65	35%	\$178.03	\$508.65	65%	\$330.62	\$508.65
person 2	\$508.65	35%	\$178.03	\$508.65	65%	\$330.62	\$508.65
person 3	\$132.99	100%	\$132.99	\$132.99	0%	\$0.00	\$132.99
			\$489.05			\$661.24	\$1,150.29
3 members elig for subsidy, 1 or more not							
person 1	\$508.65	35%	\$178.03	\$508.65	65%	\$330.62	\$508.65
person 2	\$508.65	35%	\$178.03	\$508.65	65%	\$330.62	\$508.65
person 3	\$132.99	35%	\$46.55	\$132.99	65%	\$86.44	\$132.99
person 4	\$0.00	100%	\$0.00	\$0.00	0%	\$0.00	\$0.00
			\$402.61			\$747.68	\$1,150.29
3 or more members e elig for subsidy	\$1,150.29	35%	\$402.61	\$1,150.29	65%	\$747.68	\$1,150.29

EE Contribution	ER Contribution	Total
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Division of State Group Insurance
 State Employees' Health Insurance Program
 COBRA Subsidy for those deemed eligible for the subsidy
June 2008 Rates - HIHP
 Prepared 4/1/09

COBRA Individual \$380.05
 COBRA Family \$833.29

	Calculation			Amount			Payment
Individual							
1 member elig for subsidy	\$380.05	35%	\$133.02	\$380.05	65%	\$247.03	\$380.05
Family							
2 members elig for subsidy	\$833.29	35%	\$291.65	\$833.29	65%	\$541.64	\$833.29
1 member elig for subsidy, 1 or more not person 1	\$380.05	35%	\$133.02	\$380.05	65%	\$247.03	\$380.05
person 2	\$453.24	100%	\$453.24	\$453.24	0%	\$0.00	\$453.24
			\$586.26			\$247.03	\$833.29
2 members elig for subsidy, 1 or more not person1	\$380.05	35%	\$133.02	\$380.05	65%	\$247.03	\$380.05
person 2	\$380.05	35%	\$133.02	\$380.05	65%	\$247.03	\$380.05
person 3	\$73.19	100%	\$73.19	\$73.19	0%	\$0.00	\$73.19
			\$339.23			\$494.06	\$833.29
3 members elig for subsidy, 1 or more not person 1	\$380.05	35%	\$133.02	\$380.05	65%	\$247.03	\$380.05
person 2	\$380.05	35%	\$133.02	\$380.05	65%	\$247.03	\$380.05
person 3	\$73.19	35%	\$25.62	\$73.19	65%	\$47.57	\$73.19
person 4	\$0.00	100%	\$0.00	\$0.00	0%	\$0.00	\$0.00
			\$291.66			\$541.63	\$833.29
3 or more members e elig for subsidy	\$833.29	35%	\$291.66	\$833.29	65%	\$541.63	\$833.29

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	EE Contribution			ER Contribution			Total
	Calculation	Amount	Calculation	Amount	Amount	Payment	
Individual							
1 member elig for subsidy	\$430.45	35%	\$150.66	\$430.45	65%	\$279.79	\$430.45
Family							
2 members elig for subsidy	\$947.28	35%	\$331.55	\$947.28	65%	\$615.73	\$947.28
1 member							

May 2009 Rates - HIHP
Prepared 4/1/09

COBRA Individual \$430.45
COBRA Family \$947.28

elig for subsidy, 1 or more not							
person 1	\$430.45	35%	\$150.66	\$430.45	65%	\$279.79	\$430.45
person 2	\$516.83	100%	\$516.83	\$516.83	0%	\$0.00	\$516.83
			\$667.49			\$279.79	\$947.28
2 members elig for subsidy, 1 or more not							
person1	\$430.45	35%	\$150.66	\$430.45	65%	\$279.79	\$430.45
person 2	\$430.45	35%	\$150.66	\$430.45	65%	\$279.79	\$430.45
person 3	\$86.38	100%	\$86.38	\$86.38	0%	\$0.00	\$86.38
			\$387.70			\$559.58	\$947.28
3 members elig for subsidy, 1 or more not							
person 1	\$430.45	35%	\$150.66	\$430.45	65%	\$279.79	\$430.45
person 2	\$430.45	35%	\$150.66	\$430.45	65%	\$279.79	\$430.45
person 3	\$86.38	35%	\$30.23	\$86.38	65%	\$56.15	\$86.38
person 4	\$0.00	100%	\$0.00	\$0.00	0%	\$0.00	\$0.00
			\$331.55			\$615.73	\$947.28
3 or more members e elig for subsidy	\$947.28	35%	\$331.55	\$947.28	65%	\$615.73	\$947.28