

COBRA Continuation Premiums

Plan	Participant Only	Participant & Spouse	Participant & Child(ren)	Participant & Family
A&M Care *	\$564.55	\$1,117.85	\$951.88	\$1,339.15
Dental PPO	\$ 30.00	\$ 60.00	\$ 63.00	\$ 95.99
DentalCare USA (HMO)	\$ 21.65	\$ 38.52	\$ 38.81	\$ 60.30
EyeMed Vision Care	\$ 6.83	\$ 14.54	\$ 11.22	\$ 20.00

* Remember that the A&M Care plan has an additional monthly charge of \$30 for an individual, \$30 for a covered spouse, and \$30 for one or more covered children who use tobacco products.