

City of Milwaukee
DER/Employee Benefits Division
 Full Premium Rates (100%)

2009 C.O.B.R.A. HEALTH PREMIUM RATES

| | Basic Plan | United Health Care |
|---------------|-------------------|---------------------------|
| HEALTH | | |
| Single | \$792.01 | \$555.10 |
| Family | \$1,784.95 | \$1,515.79 |

2009 C.O.B.R.A. DENTAL PREMIUM RATES

| | <u>WPS/DELTA</u> | <u>CAREPLUS</u> | <u>DENTALBLUE</u> | <u>FCW</u> |
|----------------------------|-------------------------|------------------------|--------------------------|-------------------|
| General City Dental | | | | |
| Single | \$26.31 | \$37.29 | \$45.56 | \$61.61 |
| Family | \$90.62 | \$109.89 | \$136.71 | \$185.89 |
| Fire Dental | | | | |
| Single | \$30.30 | \$37.29 | \$45.56 | \$61.61 |
| Family | \$86.55 | \$109.89 | \$136.71 | \$185.89 |
| Police Dental | | | | |
| Single | \$30.30 | \$37.29 | \$45.56 | \$61.61 |
| Family | \$91.67 | \$109.89 | \$136.71 | \$185.89 |

City of Milwaukee
DER/Employee Benefits Division
 Rates include a 2% Admin Fee

2009 C.O.B.R.A. HEALTH PREMIUM RATES

| | Basic Plan | United Health Care |
|---------------|-------------------|---------------------------|
| HEALTH | | |
| Single | \$807.86 | \$566.21 |
| Family | \$1,820.65 | \$1,546.11 |

2009 C.O.B.R.A. DENTAL PREMIUM RATES

| | <u>WPS/DELTA</u> | <u>CAREPLUS</u> | <u>DENTALBLUE</u> | <u>FCW</u> |
|----------------------------|-------------------------|------------------------|--------------------------|-------------------|
| General City Dental | | | | |
| Single | \$26.84 | \$38.04 | \$46.48 | \$62.85 |
| Family | \$92.44 | \$112.09 | \$139.45 | \$189.61 |
| Fire Dental | | | | |
| Single | \$30.91 | \$38.04 | \$46.48 | \$62.85 |
| Family | \$88.29 | \$112.09 | \$139.45 | \$189.61 |
| Police Dental | | | | |
| Single | \$30.91 | \$38.04 | \$46.48 | \$62.85 |
| Family | \$93.51 | \$112.09 | \$139.45 | \$189.61 |

**City of Milwaukee
Dept of Employee Relations**

2009 C.O.B.R.A. Health Premium Rates

| | Basic Plan | United Health Care |
|--------|-------------------|-------------------------------|
| Single | \$792.01 | \$555.10 |
| Family | \$1,784.95 | \$1,515.79 |

2009 C.O.B.R.A. Dental Premium Rates

| | <u>WPS/DELTA</u> | <u>CAREPLUS</u> | <u>DENTALBLUE</u> | <u>FCW</u> |
|--------|-----------------------------------|------------------------|--------------------------|-------------------|
| | <u>General City Dental</u> | | | |
| Single | \$26.31 | \$37.29 | \$45.56 | \$61.61 |
| Family | \$90.62 | \$109.89 | \$136.71 | \$185.89 |
| | <u>Fire Dental</u> | | | |
| Single | \$30.30 | \$37.29 | \$45.56 | \$61.61 |
| Family | \$86.55 | \$109.89 | \$136.71 | \$185.89 |
| | <u>Police Dental</u> | | | |
| Single | \$30.30 | \$37.29 | \$45.56 | \$61.61 |
| Family | \$91.67 | \$109.89 | \$136.71 | \$185.89 |

Full Premium Rates (100%)

**2009 C.O.B.R.A. Health Premium Rates
Disability Retirees**

| | HEALTH | Basic Plan | United Health Care |
|--------|---------------|-------------------|-------------------------------|
| Single | | \$1,188.02 | \$832.65 |
| Family | | \$2,677.43 | \$2,273.69 |

Rates include a 50% Admin Fee

2009 C.O.B.R.A. DENTAL PREMIUM RATES

| | <u>WPS/DELTA</u> | <u>CAREPLUS</u> | <u>DENTALBLUE</u> | <u>FCW</u> |
|--------|-----------------------------------|------------------------|--------------------------|-------------------|
| | <u>General City Dental</u> | | | |
| Single | \$39.47 | \$55.94 | \$68.34 | \$92.42 |
| Family | \$135.93 | \$164.84 | \$205.07 | \$278.84 |
| | <u>Fire Dental</u> | | | |
| Single | \$45.45 | \$55.94 | \$68.34 | \$92.42 |
| Family | \$129.83 | \$164.84 | \$205.07 | \$278.84 |
| | <u>Police Dental</u> | | | |
| Single | \$45.45 | \$55.94 | \$68.34 | \$92.42 |
| Family | \$137.51 | \$164.84 | \$205.07 | \$278.84 |

Rates include a 50% Admin Fee

City of Milwaukee
DER/Employee Benefits Division
Medical Benefits Section

MANAGEMENT

2009 C.O.B.R.A. HEALTH PREMIUM RATES

| Rates Include a 2% Admin Fee | Basic Plan | United Health Care |
|-------------------------------------|-------------------|---------------------------|
| Single | \$807.85 | \$566.20 |
| Family | \$1,820.65 | \$1,546.11 |

2009 C.O.B.R.A. DENTAL PREMIUM RATES

| Rates Include a 2% Admin Fee | Delta Dental | CarePlus Dental | DentalBlue | First Ccomonwealth |
|-------------------------------------|---------------------|------------------------|-------------------|---------------------------|
| GENERAL CITY | | | | |
| Single | \$26.84 | \$38.04 | \$46.47 | \$62.84 |
| Family | \$92.43 | \$112.09 | \$139.44 | \$189.61 |
| FIRE | | | | |
| Single | \$30.91 | \$38.04 | \$46.47 | \$62.84 |
| Family | \$88.28 | \$112.09 | \$139.44 | \$189.61 |
| POLICE | | | | |
| Single | \$30.91 | \$38.04 | \$46.47 | \$62.84 |
| Family | \$93.50 | \$112.09 | \$139.44 | \$189.61 |

Loc 494 Electrical; MBCTC

2009 C.O.B.R.A. HEALTH PREMIUM RATES

| Rates Include a 2% Admin Fee | Basic Plan | Basic Plan Tier 1 | United Health Care |
|------------------------------|------------|-------------------|--------------------|
| Single | \$807.85 | \$646.01 | \$566.20 |
| Family | \$1,820.65 | \$1,725.68 | \$1,546.11 |

2009 C.O.B.R.A. DENTAL PREMIUM RATES

| Rates Include a 2% Admin Fee | Delta Dental | CarePlus Dental | DentalBlue | First Ccomonwealth |
|------------------------------|--------------|-----------------|------------|--------------------|
|------------------------------|--------------|-----------------|------------|--------------------|

GENERAL CITY

| | | | | |
|---------------|---------|----------|----------|----------|
| Single | \$26.84 | \$38.04 | \$46.47 | \$62.84 |
| Family | \$92.43 | \$112.09 | \$139.44 | \$189.61 |

FIRE

| | | | | |
|---------------|---------|----------|----------|----------|
| Single | \$30.91 | \$38.04 | \$46.47 | \$62.84 |
| Family | \$88.28 | \$112.09 | \$139.44 | \$189.61 |

POLICE

| | | | | |
|---------------|---------|----------|----------|----------|
| Single | \$30.91 | \$38.04 | \$46.47 | \$62.84 |
| Family | \$93.50 | \$112.09 | \$139.44 | \$189.61 |

City of Milwaukee
DER/Employee Benefits Division
Medical Benefits Section

Loc 494 Electrical; MBCTC

C.O.B.R.A DISABILITY EXTENSION RATES

2009 C.O.B.R.A. HEALTH DISABILITY EXTENSION RATES (x 1.5%)

| Rates Include a 50% Admin Fee | Basic Plan | Basic Plan Tier 1 | United Health Care |
|--------------------------------------|-------------------|--------------------------|---------------------------|
| Single | \$1,188.02 | \$950.01 | \$832.65 |
| Family | \$2,677.43 | \$2,537.76 | \$2,273.69 |

2009 C.O.B.R.A. DENTAL DISABILITY EXTENSION RATES (x 1.5%)

| Rates Include a 50% Admin Fee | Delta Dental | CarePlus Dental | DentalBlue | First Ccomonwealth |
|--------------------------------------|---------------------|------------------------|-------------------|---------------------------|
| | | | | |

GENERAL CITY

| | | | | |
|---------------|----------|----------|----------|----------|
| Single | \$39.47 | \$55.94 | \$68.34 | \$92.42 |
| Family | \$135.93 | \$164.84 | \$205.07 | \$278.84 |

FIRE

| | | | | |
|---------------|----------|----------|----------|----------|
| Single | \$45.45 | \$55.94 | \$68.34 | \$92.42 |
| Family | \$129.83 | \$164.84 | \$205.07 | \$278.84 |

POLICE

| | | | | |
|---------------|----------|----------|----------|----------|
| Single | \$45.45 | \$55.94 | \$68.34 | \$92.42 |
| Family | \$137.51 | \$164.84 | \$205.07 | \$278.84 |

If you have questions, please call our office at (414) 286-3184 and your question(s) will be directed to the appropriate person.