2008 COBRA (18 OR 36 MONTHS)

COVERAGE LEVEL	SAVINGS	STANDARD	MEDICARE SUPPLEMENT	BLUECHOICE	CIGNA	MUSC		DENTAL	DENTAL PLUS
SUBSCRIBER ONLY	275.58	361.46	361.46	398.32	405.14	464.84		11.94	21.02
SUBSCRIBER/SPOUSE	599.02	767.24	767.24	913.10	923.76	1,043.86		19.74	39.78
SUBSCRIBER/CHILD	397.22	521.84	521.84	664.32	670.96	729.20		25.94	43.42
FULL FAMILY	725.34	915.08	915.08	1,192.42	1,203.50	1,272.16		33.71	62.18
CHILDREN	121.64	160.38	160.38	266.00	265.82	264.36		13.99	22.40

2008 COBRA (29 MONTHS)*

COVERAGE LEVEL	SAVINGS	STANDARD	MEDICARE SUPPLEMENT	BLUECHOICE	CIGNA	MUSC		DENTAL	DENTAL PLUS
SUBSCRIBER ONLY	405.28	531.54	531.54	585.76	595.80	683.58		11.94	21.02
SUBSCRIBER/SPOUSE	880.90	1,128.30	1,128.30	1,342.80	1,358.46	1,535.08		19.74	39.78
SUBSCRIBER/CHILD	584.14	767.40	767.40	976.92	986.70	1,072.36		25.94	43.42
FULL FAMILY	1,066.68	1,345.72	1,345.72	1,753.56	1,769.86	1,870.84		33.71	62.18
CHILDREN	178.86	235.86	235.86	391.16	390.90	388.78		13.99	22.40

***THESE RATES GO INTO EFFECT IN THE 19TH MONTH OF COVERAGE.**