

**BAE Systems 2005 COBRA Rates\***

Rates are per employee per month

Plan Option	Plan Option	Monthly Rate
<b>Kaiser CA</b>	Employee Only	\$224.09
	Employee + Spouse	\$448.19
	Employee + Child(ren)	\$403.37
	Employee + Family	\$627.46
<b>Kaiser HI</b>	Employee Only	\$315.07
	Employee + Spouse	\$630.14
	Employee + Child(ren)	\$567.12
	Employee + Family	\$887.59
<b>Kaiser Mid-Atlantic</b>	Employee Only	\$219.36
	Employee + Spouse	\$438.74
	Employee + Child(ren)	\$394.87
	Employee + Family	\$614.25
<b>CIGNA HMO-California</b>	Employee Only	\$265.12
	Employee + Spouse	\$543.54
	Employee + Child(ren)	\$490.51
	Employee + Family	\$795.40
<b>Excellus - Utica Region</b>	Employee Only	\$352.02
	Employee + Spouse	\$704.11
	Employee + Child(ren)	\$709.61
	Employee + Family	\$978.91
<b>BCBS Wellington KS</b>	Employee Only	\$350.16
	Employee + Spouse	\$700.15
	Employee + Child(ren)	\$626.23
	Employee + Family	\$976.28
<b>Tufts Health Plan</b>	Employee Only	\$417.64
	Employee + Spouse	\$835.27
	Employee + Child(ren)	\$751.74
	Employee + Family	\$1,169.38
<b>Harvard Pilgrim</b>	Employee Only	\$369.16
	Employee + Spouse	\$738.33
	Employee + Child(ren)	\$664.50
	Employee + Family	\$1,033.66
<b>HMSA HMO</b>	Employee Only	\$301.94
	Employee + Spouse	\$618.98
	Employee + Child(ren)	\$558.59
	Employee + Family	\$905.82
<b>EPO (Aetna or CIGNA)</b>	Employee Only	\$375.85
	Employee + Spouse	\$770.10
	Employee + Child(ren)	\$694.81
	Employee + Family	\$1,089.27
<b>PPO High (&amp; OOA Plan)</b>	Employee Only	\$387.11
	Employee + Spouse	\$793.44
	Employee + Child(ren)	\$716.14
	Employee + Family	\$1,122.47
<b>PPO Low</b>	Employee Only	\$340.66
	Employee + Spouse	\$698.23
	Employee + Child(ren)	\$630.21
	Employee + Family	\$987.77
<b>HMSA PPO</b>	Employee Only	\$331.11
	Employee + Spouse	\$678.79
	Employee + Child(ren)	\$612.57
	Employee + Family	\$993.34
<b>CIGNA International</b>	Employee Only	Not offered via COBRA
	Employee + Spouse	Not offered via COBRA
	Employee + Child(ren)	Not offered via COBRA
	Employee + Family	Not offered via COBRA
<b>Tricare Supplement</b>	Employee Only	Not offered via COBRA
	Employee + Spouse	Not offered via COBRA
	Employee + Child(ren)	Not offered via COBRA
	Employee + Family	Not offered via COBRA
<b>Dental PPO High</b>	Employee Only	\$42.20
	Employee + Spouse	\$91.42
	Employee + Child(ren)	\$91.42
	Employee + Family	\$120.73
<b>Dental PPO Low</b>	Employee Only	\$25.79
	Employee + Spouse	\$55.09
	Employee + Child(ren)	\$55.09
	Employee + Family	\$72.68
<b>Superior Vision</b>	Employee Only	\$6.32
	Employee + Spouse	\$11.59
	Employee + Child(ren)	\$12.34
	Employee + Family	\$18.67

\*Excluding Fort Wayne Bargained Employees