



CenturyLink™

**2010 Benefit Rate Sheet
COBRA Rates per Month
Legacy CTL**

	One Adult	Two Adults	Employee + Child(ren)	Employee + Family	Child(ren) Only
Medical Plans					
UHC Consumer Driven Health Plan	\$423.68	\$847.34	\$741.47	\$1,271.05	\$317.79
UHC PPO Plan	\$481.66	\$963.33	\$842.97	\$1,445.03	\$361.31
Highmark Blue Cross Blue Shield Plan	\$481.66	\$963.33	\$842.97	\$1,445.03	\$361.31
Dental Plans					
Delta Dental Basic Plan	\$23.55	\$47.11	\$41.23	\$70.68	\$17.68
Delta Dental Enhanced Plan	\$35.78	\$71.55	\$62.60	\$107.32	\$26.82
Vision Plan					
Vision Service Plan	\$5.02	\$10.02	\$8.77	\$15.02	\$3.75