



CenturyLink™

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

	One Adult	Two Adults	Employee + Child(ren)	Employee + Family	Child(ren) Only
<b>Medical Plans</b>					
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
<b>Dental Plans</b>					
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
<b>Vision Plan</b>					
Vision Service Plan	\$8.00	\$15.98	\$13.96	\$23.96	\$5.96