



CenturyLink™

**2010 Benefit Rate Sheet  
COBRA Rates per Month  
Madison River Union**

|                            | One Adult | Two Adults | Employee + Child(ren) | Employee + Family | Child(ren) Only |
|----------------------------|-----------|------------|-----------------------|-------------------|-----------------|
| <b>Medical Plan</b>        |           |            |                       |                   |                 |
| UHC PPO Plan               | \$461.73  | \$923.41   | \$808.03              | \$1,385.16        | \$346.30        |
| <b>Dental Plans</b>        |           |            |                       |                   |                 |
| Delta Dental Basic Plan    | \$12.06   | \$27.87    | \$31.09               | \$40.06           | \$19.03         |
| Delta Dental Enhanced Plan | \$54.94   | \$70.74    | \$73.96               | \$82.91           | \$19.02         |
| <b>Vision Plan</b>         |           |            |                       |                   |                 |
| Vision Service Plan        | \$2.06    | \$4.51     | \$4.51                | \$7.27            | \$2.45          |