

**2014 MBP Medical/Vision
Reduction of Force Rates**

Level of Coverage	Group Health Options		
	1 st 12 Months	2 nd 12 Months	3 rd 12 Months
Individual	\$192.36	\$ 326.17	\$ 652.34
Individual Plus One	\$384.74	\$ 652.35	\$1,304.69
Individual Plus More Than One	\$605.95	\$1,027.44	\$2,054.88

Level of Coverage	Group Health HMO		
	1 st 12 Months	2 nd 12 Months	3 rd 12 Months
Individual	\$190.74	\$ 321.33	\$ 642.65
Individual Plus One	\$381.50	\$ 642.66	\$1,285.31
Individual Plus More Than One	\$600.84	\$1,012.18	\$2,024.35

**2014 MBP Dental
COBRA Monthly Rates**

Level of Coverage	Delta Dental Core	Delta Dental Buy Up
Individual	\$31.28	\$ 42.51
Individual Plus One	\$61.73	\$ 84.48
Individual Plus More Than One	\$96.81	\$138.74

**2014 MBP EAP
COBRA Monthly Rates**

Level of Coverage	Employee Assistance Program
Employee	\$ 2.28

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) was created by a federal law and provides continuing benefits for eligible individuals.