

**Grad Assistants COBRA Continuation Coverage
Rates
September 1, 2009 - August 31, 2010
Monthly Rates**

	Coverage Class		
	Individual	Ind. +1	Family
GA-BC POE	\$222.73	\$490.00	\$601.36
GA-BC POS	\$242.53	\$533.55	\$654.82
GA-Cigna Dental PPO	\$20.16	\$45.35	\$56.02
CIGNA DHMO	\$23.55	\$51.82	\$63.59