

July 1, 2010 Maricopa County Monthly COBRA Premiums

Monthly Total Rates for Non-Tobacco Users

Add \$40.80 per household for tobacco-users (employees and/or covered dependents)

Medical w/Co-Insurance Pharmacy

Medical w/Consumer Choice Pharmacy

CMG High Option	Medical	Vision	Rx	Total
Employee	\$ 410.63	\$ 5.65	\$ 84.88	\$ 501.16
Employee + Spouse	\$ 816.92	\$ 10.63	\$ 169.97	\$ 997.52
Employee + Child(ren)	\$ 670.92	\$ 11.12	\$ 140.23	\$ 822.27
Employee + Family	\$ 1,085.38	\$ 16.36	\$ 225.18	\$ 1,326.92

CMG High Option	Medical	Vision	Rx	Total
Employee	\$ 410.63	\$ 5.65	\$ 31.93	\$ 448.21
Employee + Spouse	\$ 816.92	\$ 10.63	\$ 64.04	\$ 891.59
Employee + Child(ren)	\$ 670.92	\$ 11.12	\$ 52.90	\$ 734.94
Employee + Family	\$ 1,085.38	\$ 16.36	\$ 84.88	\$ 1,186.62

CMG Low Option	Medical	Vision	Rx	Total
Employee	\$ 269.57	\$ 5.65	\$ 84.88	\$ 360.10
Employee + Spouse	\$ 538.38	\$ 10.63	\$ 169.97	\$ 718.98
Employee + Child(ren)	\$ 441.66	\$ 11.12	\$ 140.23	\$ 593.01
Employee + Family	\$ 715.67	\$ 16.36	\$ 225.18	\$ 957.21

CMG Low Option	Medical	Vision	Rx	Total
Employee	\$ 269.57	\$ 5.65	\$ 31.93	\$ 307.15
Employee + Spouse	\$ 538.38	\$ 10.63	\$ 64.04	\$ 613.05
Employee + Child(ren)	\$ 441.66	\$ 11.12	\$ 52.90	\$ 505.68
Employee + Family	\$ 715.67	\$ 16.36	\$ 84.88	\$ 816.91

OAPIN Option	Medical	Vision	Rx	Total
Employee	\$ 462.55	\$ 5.65	\$ 84.88	\$ 553.08
Employee + Spouse	\$ 937.11	\$ 10.63	\$ 169.97	\$ 1,117.71
Employee + Child(ren)	\$ 768.33	\$ 11.12	\$ 140.23	\$ 919.68
Employee + Family	\$ 1,245.66	\$ 16.36	\$ 225.18	\$ 1,487.20

OAPIN Option	Medical	Vision	Rx	Total
Employee	\$ 462.55	\$ 5.65	\$ 31.93	\$ 500.13
Employee + Spouse	\$ 937.11	\$ 10.63	\$ 64.04	\$ 1,011.78
Employee + Child(ren)	\$ 768.33	\$ 11.12	\$ 52.90	\$ 832.35
Employee + Family	\$ 1,245.66	\$ 16.36	\$ 84.88	\$ 1,346.90

OAP High Option	Medical	Vision	Rx	Total
Employee	\$ 474.63	\$ 5.65	\$ 84.88	\$ 565.16
Employee + Spouse	\$ 970.47	\$ 10.63	\$ 169.97	\$ 1,151.07
Employee + Child(ren)	\$ 808.72	\$ 11.12	\$ 140.23	\$ 960.07
Employee + Family	\$ 1,307.25	\$ 16.36	\$ 225.18	\$ 1,548.79

OAP High Option	Medical	Vision	Rx	Total
Employee	\$ 474.63	\$ 5.65	\$ 31.93	\$ 512.21
Employee + Spouse	\$ 970.47	\$ 10.63	\$ 64.04	\$ 1,045.14
Employee + Child(ren)	\$ 808.72	\$ 11.12	\$ 52.90	\$ 872.74
Employee + Family	\$ 1,307.25	\$ 16.36	\$ 84.88	\$ 1,408.49

OAP Low Option	Medical	Vision	Rx	Total
Employee	\$ 255.24	\$ 5.65	\$ 84.88	\$ 345.77
Employee + Spouse	\$ 523.22	\$ 10.63	\$ 169.97	\$ 703.82
Employee + Child(ren)	\$ 435.19	\$ 11.12	\$ 140.23	\$ 586.54
Employee + Family	\$ 704.68	\$ 16.36	\$ 225.18	\$ 946.22

OAP Low Option	Medical	Vision	Rx	Total
Employee	\$ 255.24	\$ 5.65	\$ 31.93	\$ 292.82
Employee + Spouse	\$ 523.22	\$ 10.63	\$ 64.04	\$ 597.89
Employee + Child(ren)	\$ 435.19	\$ 11.12	\$ 52.90	\$ 499.21
Employee + Family	\$ 704.68	\$ 16.36	\$ 84.88	\$ 805.92

CIGNA Choice Fund + CIGNA Rx	Medical	Vision	Rx	Total
Employee	\$ 407.48	\$ 5.65	\$ -	\$ 413.13
Employee + Spouse	\$ 836.78	\$ 10.63	\$ -	\$ 847.41
Employee + Child(ren)	\$ 683.37	\$ 11.12	\$ -	\$ 694.49
Employee + Family	\$ 1,157.77	\$ 16.36	\$ -	\$ 1,174.13

Dental

Cigna Dental	
Employee	\$ 32.09
Employee + Spouse	\$ 70.77
Employee + Child(ren)	\$ 76.54
Employee + Family	\$ 98.41

Delta Dental

Employee	\$ 45.31
Employee + Spouse	\$ 99.94
Employee + Child(ren)	\$ 108.08
Employee + Family	\$ 138.96

EDS

Employee	\$ 10.16
Employee + Spouse	\$ 19.30
Employee + Child(ren)	\$ 25.34
Employee + Family	\$ 29.17

Vision without Medical

EyeMed	
Employee	\$ 10.93
Employee + Spouse	\$ 20.64
Employee + Child(ren)	\$ 21.62
Employee + Family	\$ 31.74