



July 1, 2010 Maricopa County Monthly COBRA Premiums

Monthly Total Rates for Non-Tobacco Users
(Medical, pharmacy, behavioral health, vision)

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

Medical

CMG High option + Co-insurance Rx	
Employee	\$501.16
Employee + Spouse	\$997.52
Employee + Child(ren)	\$822.27
Employee + Family	\$1,326.92

CMG High

CMG High option + Consumer Choice Rx	
Employee	\$448.21
Employee + Spouse	\$891.59
Employee + Child(ren)	\$734.94
Employee + Family	\$1,186.62

CMG Low option + Co-insurance Rx	
Employee	\$360.09
Employee + Spouse	\$718.98
Employee + Child(ren)	\$593.01
Employee + Family	\$957.21

CMG Low

CMG Low option + Consumer Choice Rx	
Employee	\$307.14
Employee + Spouse	\$613.05
Employee + Child(ren)	\$505.68
Employee + Family	\$816.91

OAP In-Network + Co-insurance Rx	
Employee	\$553.08
Employee + Spouse	\$1,117.72
Employee + Child(ren)	\$919.68
Employee + Family	\$1,487.20

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OAP In-Network + Consumer Choice Rx	
Employee	\$500.13
Employee + Spouse	\$1,011.79
Employee + Child(ren)	\$832.35
Employee + Family	\$1,346.90

OAP High option + Co-insurance Rx	
Employee	\$565.15
Employee + Spouse	\$1,151.07
Employee + Child(ren)	\$960.07
Employee + Family	\$1,548.79

OAP High

OAP High option + Consumer Choice Rx	
Employee	\$512.20
Employee + Spouse	\$1,045.14
Employee + Child(ren)	\$872.74
Employee + Family	\$1,408.49

OAP Low option + Co-insurance Rx	
Employee	\$345.77
Employee + Spouse	\$703.82
Employee + Child(ren)	\$586.55
Employee + Family	\$946.22

OAP Low

OAP Low option + Consumer Choice Rx	
Employee	\$292.82
Employee + Spouse	\$597.89
Employee + Child(ren)	\$499.22
Employee + Family	\$805.92

Choice Fund HSA + CIGNA Rx	
Employee	\$413.13
Employee + Spouse	\$847.41
Employee + Child(ren)	\$694.49
Employee + Family	\$1,174.13

Choice Fund HSA

Dental

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

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

Stand-Alone Vision

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

