

July 1, 2011 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 with Co-Insurance Pharmacy					Medical with Consumer Choice Pharmacy				
CMG High Option	Medical	Vision	RX	Total	CMG High Option	Medical	Vision	RX	Total
Employee	\$ 410.26	\$ 5.65	\$ 75.68	\$ 491.59	Employee	\$ 410.26	\$ 5.65	\$ 27.56	\$ 443.47
Employee + Spouse	\$ 817.71	\$ 10.61	\$ 151.55	\$ 979.87	Employee + Spouse	\$ 817.71	\$ 10.61	\$ 55.26	\$ 883.58
Employee + Child(ren)	\$ 671.18	\$ 11.10	\$ 125.03	\$ 807.31	Employee + Child(ren)	\$ 671.18	\$ 11.10	\$ 45.66	\$ 727.94
Employee + Family	\$ 1,087.08	\$ 16.34	\$ 200.76	\$ 1,304.18	Employee + Family	\$ 1,087.08	\$ 16.34	\$ 73.26	\$ 1,176.68
CMG Low Option	Medical	Vision	RX	Total	CMG Low Option	Medical	Vision	RX	Total
Employee	\$ 263.63	\$ 5.65	\$ 75.68	\$ 344.96	Employee	\$ 263.63	\$ 5.65	\$ 27.56	\$ 296.84
Employee + Spouse	\$ 528.12	\$ 10.61	\$ 151.55	\$ 690.28	Employee + Spouse	\$ 528.12	\$ 10.61	\$ 55.26	\$ 593.99
Employee + Child(ren)	\$ 432.85	\$ 11.10	\$ 125.03	\$ 568.98	Employee + Child(ren)	\$ 432.85	\$ 11.10	\$ 45.66	\$ 489.61
Employee + Family	\$ 702.70	\$ 16.34	\$ 200.76	\$ 919.80	Employee + Family	\$ 702.70	\$ 16.34	\$ 73.26	\$ 792.30
OAPIN Option	Medical	Vision	RX	Total	OAPIN Option	Medical	Vision	RX	Total
Employee	\$ 466.08	\$ 5.65	\$ 75.68	\$ 547.41	Employee	\$ 466.08	\$ 5.65	\$ 27.56	\$ 499.29
Employee + Spouse	\$ 946.25	\$ 10.61	\$ 151.55	\$ 1,108.41	Employee + Spouse	\$ 946.25	\$ 10.61	\$ 55.26	\$ 1,012.12
Employee + Child(ren)	\$ 775.40	\$ 11.10	\$ 125.03	\$ 911.53	Employee + Child(ren)	\$ 775.40	\$ 11.10	\$ 45.66	\$ 832.16
Employee + Family	\$ 1,258.50	\$ 16.34	\$ 200.76	\$ 1,475.60	Employee + Family	\$ 1,258.50	\$ 16.34	\$ 73.26	\$ 1,348.10
OAP High Option	Medical	Vision	RX	Total	OAP High Option	Medical	Vision	RX	Total
Employee	\$ 485.19	\$ 5.65	\$ 75.68	\$ 566.52	Employee	\$ 485.19	\$ 5.65	\$ 27.56	\$ 518.40
Employee + Spouse	\$ 994.38	\$ 10.61	\$ 151.55	\$ 1,156.54	Employee + Spouse	\$ 994.38	\$ 10.61	\$ 55.26	\$ 1,060.25
Employee + Child(ren)	\$ 828.53	\$ 11.10	\$ 125.03	\$ 964.66	Employee + Child(ren)	\$ 828.53	\$ 11.10	\$ 45.66	\$ 885.29
Employee + Family	\$ 1,340.57	\$ 16.34	\$ 200.76	\$ 1,557.67	Employee + Family	\$ 1,340.57	\$ 16.34	\$ 73.26	\$ 1,430.17
OAP Low Option	Medical	Vision	RX	Total	OAP Low Option	Medical	Vision	RX	Total
Employee	\$ 254.02	\$ 5.65	\$ 75.68	\$ 335.35	Employee	\$ 254.02	\$ 5.65	\$ 27.56	\$ 287.23
Employee + Spouse	\$ 523.04	\$ 10.61	\$ 151.55	\$ 685.20	Employee + Spouse	\$ 523.04	\$ 10.61	\$ 55.26	\$ 588.91
Employee + Child(ren)	\$ 434.89	\$ 11.10	\$ 125.03	\$ 571.02	Employee + Child(ren)	\$ 434.89	\$ 11.10	\$ 45.66	\$ 491.65
Employee + Family	\$ 705.53	\$ 16.34	\$ 200.76	\$ 922.63	Employee + Family	\$ 705.53	\$ 16.34	\$ 73.26	\$ 795.13
Choice Fund + CIGNA Rx	Medical	Vision	RX	Total					
Employee	\$ 407.48	\$ 5.65	\$ -	\$ 413.13					
Employee + Spouse	\$ 836.78	\$ 10.61	\$ -	\$ 847.39					
Employee + Child(ren)	\$ 683.37	\$ 11.10	\$ -	\$ 694.47					
Employee + Family	\$ 1,157.77	\$ 16.34	\$ -	\$ 1,174.11					
Dental				Vision without Medical					
Cigna		Delta Dental		EyeMed					
Employee	\$ 32.58	Employee	\$ 43.43	Employee	\$ 10.91				
Employee + Spouse	\$ 71.83	Employee + Spouse	\$ 95.80	Employee + Spouse	\$ 20.60				
Employee + Child(ren)	\$ 77.68	Employee + Child(ren)	\$ 103.59	Employee + Child(ren)	\$ 21.58				
Employee + Family	\$ 99.88	Employee + Family	\$ 133.21	Employee + Family	\$ 31.68				
EDS									
Employee	\$ 10.57								
Employee + Spouse	\$ 20.07								
Employee + Child(ren)	\$ 26.36								
Employee + Family	\$ 30.33								