



# July 1, 2008 Maricopa County Monthly COBRA Premiums

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

Add \$30.60 per household for tobacco-users (employees and/or covered dependents)

## Medical

CMG High option + Co-insurance Rx	Full-time
Employee	\$429.75
Employee + Spouse	\$865.82
Employee + Child(ren)	\$713.14
Employee + Family	\$1,151.34

### CMG High

CMG High option + Consumer Choice Rx	Full-time
Employee	\$385.11
Employee + Spouse	\$776.55
Employee + Child(ren)	\$639.58
Employee + Family	\$1,033.14

CMG Low option + Co-insurance Rx	Full-time
Employee	\$342.52
Employee + Spouse	\$691.07
Employee + Child(ren)	\$569.61
Employee + Family	\$919.80

### CMG Low

CMG Low option + Consumer Choice Rx	Full-time
Employee	\$297.88
Employee + Spouse	\$601.80
Employee + Child(ren)	\$496.05
Employee + Family	\$801.60

OAP In-Network + Co-insurance Rx	Full-time
Employee	\$433.50
Employee + Spouse	\$872.22
Employee + Child(ren)	\$718.69
Employee + Family	\$1,159.54

### OAPIN

OAP In-Network + Consumer Choice Rx	Full-time
Employee	\$388.86
Employee + Spouse	\$782.95
Employee + Child(ren)	\$645.13
Employee + Family	\$1,041.34

OAP High option + Co-insurance Rx	Full-time
Employee	\$509.59
Employee + Spouse	\$1,025.75
Employee + Child(ren)	\$844.64
Employee + Family	\$1,363.41

### OAP High

OAP High option + Consumer Choice Rx	Full-time
Employee	\$464.96
Employee + Spouse	\$936.48
Employee + Child(ren)	\$771.08
Employee + Family	\$1,245.22

OAP Low option + Co-insurance Rx	Full-time
Employee	\$352.84
Employee + Spouse	\$711.06
Employee + Child(ren)	\$586.13
Employee + Family	\$946.07

### OAP Low

OAP Low option + Consumer Choice Rx	Full-time
Employee	\$308.20
Employee + Spouse	\$621.79
Employee + Child(ren)	\$512.57
Employee + Family	\$827.87

Choice Fund HSA + CIGNA Rx	Full-time
Employee	\$393.03
Employee + Spouse	\$792.62
Employee + Child(ren)	\$652.43
Employee + Family	\$1,054.64

### Choice Fund HSA

## Dental

EDS	Full-time
Employee	\$10.20
Employee + Spouse	\$19.38
Employee + Child(ren)	\$25.46
Employee + Family	\$29.34

CIGNA Dental	Full-time
Employee	\$33.05
Employee + Spouse	\$72.87
Employee + Child(ren)	\$78.83
Employee + Family	\$101.33

Delta Dental	Full-time
Employee	\$41.62
Employee + Spouse	\$91.80
Employee + Child(ren)	\$99.27
Employee + Family	\$127.62

## Stand-Alone Vision

Stand-Alone Vision	Full-time
Employee	\$9.87
Employee + Spouse	\$18.60
Employee + Child(ren)	\$19.50
Employee + Family	\$28.64

