



July 1, 2009 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	Full-time
Employee	\$471.85
Employee + Spouse	\$951.13
Employee + Child(ren)	\$783.34
Employee + Family	\$1,265.02

CMG High

CMG High option + Consumer Choice Rx	Full-time
Employee	\$426.93
Employee + Spouse	\$861.31
Employee + Child(ren)	\$709.31
Employee + Family	\$1,146.07

CMG Low option + Co-insurance Rx	Full-time
Employee	\$340.52
Employee + Spouse	\$686.99
Employee + Child(ren)	\$566.26
Employee + Family	\$914.35

CMG Low

CMG Low option + Consumer Choice Rx	Full-time
Employee	\$295.60
Employee + Spouse	\$597.17
Employee + Child(ren)	\$492.23
Employee + Family	\$795.40

OAP In-Network + Co-insurance Rx	Full-time
Employee	\$541.93
Employee + Spouse	\$1,091.62
Employee + Child(ren)	\$899.27
Employee + Family	\$1,451.79

OAPIN

OAP In-Network + Consumer Choice Rx	Full-time
Employee	\$497.01
Employee + Spouse	\$1,001.80
Employee + Child(ren)	\$825.24
Employee + Family	\$1,332.83

OAP High option + Co-insurance Rx	Full-time
Employee	\$567.34
Employee + Spouse	\$1,142.54
Employee + Child(ren)	\$940.71
Employee + Family	\$1,518.88

OAP High

OAP High option + Consumer Choice Rx	Full-time
Employee	\$522.42
Employee + Spouse	\$1,052.72
Employee + Child(ren)	\$866.67
Employee + Family	\$1,399.93

OAP Low option + Co-insurance Rx	Full-time
Employee	\$345.60
Employee + Spouse	\$696.33
Employee + Child(ren)	\$574.04
Employee + Family	\$926.43

OAP Low

OAP Low option + Consumer Choice Rx	Full-time
Employee	\$300.68
Employee + Spouse	\$606.51
Employee + Child(ren)	\$500.00
Employee + Family	\$807.47

Choice Fund HSA + CIGNA Rx	Full-time
Employee	\$434.05
Employee + Spouse	\$875.71
Employee + Child(ren)	\$720.75
Employee + Family	\$1,165.29

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	\$34.31
Employee + Spouse	\$75.66
Employee + Child(ren)	\$81.84
Employee + Family	\$105.22

Delta Dental	Full-time
Employee	\$43.88
Employee + Spouse	\$96.80
Employee + Child(ren)	\$104.67
Employee + Family	\$134.58

Stand-Alone Vision

Stand-Alone Vision	Full-time
Employee	\$10.36
Employee + Spouse	\$19.54
Employee + Child(ren)	\$20.48
Employee + Family	\$30.07

