

July 1, 2008 Maricopa County Monthly COBRA Premiums

Monthly Total Rates for Non-Tobacco Users (Full Time)

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

Medical w\Co-Insurance Pharmacy					Medical w\Consumer Choice Pharmacy				
CMG High Option	Medical	RX	Vision	Total	CMG High Option	Medical	RX	Vision	Total
Employee	\$343.78	\$80.87	\$5.10	\$429.75	Employee	\$343.78	\$36.23	\$5.10	\$385.11
Employee & Spouse	\$694.29	\$161.94	\$9.59	\$865.82	Employee & Spouse	\$694.29	\$72.66	\$9.59	\$776.54
Employee & Child(ren)	\$569.53	\$133.58	\$10.04	\$713.15	Employee & Child(ren)	\$569.53	\$60.02	\$10.04	\$639.59
Employee & Family	\$922.04	\$214.53	\$14.77	\$1,151.34	Employee & Family	\$922.04	\$96.33	\$14.77	\$1,033.14
CMG Low Option					CMG Low Option				
Employee	\$256.55	\$80.87	\$5.10	\$342.52	Employee	\$256.55	\$36.23	\$5.10	\$297.88
Employee & Spouse	\$519.55	\$161.94	\$9.59	\$691.08	Employee & Spouse	\$519.55	\$72.66	\$9.59	\$601.80
Employee & Child(ren)	\$425.99	\$133.58	\$10.04	\$569.61	Employee & Child(ren)	\$425.99	\$60.02	\$10.04	\$496.05
Employee & Family	\$690.50	\$214.53	\$14.77	\$919.80	Employee & Family	\$690.50	\$96.33	\$14.77	\$801.60
OAP In-Network					OAP In-Network				
Employee	\$347.53	\$80.87	\$5.10	\$433.50	Employee	\$347.53	\$36.23	\$5.10	\$388.86
Employee & Spouse	\$700.70	\$161.94	\$9.59	\$872.23	Employee & Spouse	\$700.70	\$72.66	\$9.59	\$782.95
Employee & Child(ren)	\$575.08	\$133.58	\$10.04	\$718.70	Employee & Child(ren)	\$575.08	\$60.02	\$10.04	\$645.14
Employee & Family	\$930.24	\$214.53	\$14.77	\$1,159.54	Employee & Family	\$930.24	\$96.33	\$14.77	\$1,041.34
OAP High Option					OAP High Option				
Employee	\$423.63	\$80.87	\$5.10	\$509.60	Employee	\$423.63	\$36.23	\$5.10	\$464.96
Employee & Spouse	\$854.23	\$161.94	\$9.59	\$1,025.76	Employee & Spouse	\$854.23	\$72.66	\$9.59	\$936.48
Employee & Child(ren)	\$701.03	\$133.58	\$10.04	\$844.65	Employee & Child(ren)	\$701.03	\$60.02	\$10.04	\$771.09
Employee & Family	\$1,134.12	\$214.53	\$14.77	\$1,363.42	Employee & Family	\$1,134.12	\$96.33	\$14.77	\$1,245.22
OAP Low Option					OAP Low Option				
Employee	\$266.87	\$80.87	\$5.10	\$352.84	Employee	\$266.87	\$36.23	\$5.10	\$308.20
Employee & Spouse	\$539.54	\$161.94	\$9.59	\$711.07	Employee & Spouse	\$539.54	\$72.66	\$9.59	\$621.79
Employee & Child(ren)	\$442.52	\$133.58	\$10.04	\$586.14	Employee & Child(ren)	\$442.52	\$60.02	\$10.04	\$512.58
Employee & Family	\$716.77	\$214.53	\$14.77	\$946.07	Employee & Family	\$716.77	\$96.33	\$14.77	\$827.87
Choice Fund HSA + CIGNA Rx									
Employee	\$387.93		\$5.10	\$393.03					
Employee & Spouse	\$783.03		\$9.59	\$792.62					
Employee & Child(ren)	\$642.40		\$10.04	\$652.44					
Employee & Family	\$1,039.87		\$14.77	\$1,054.64					
Dental					Vision with out Medical				
EDS					Employee	\$9.87			
Employee	\$10.20				Employee & Spouse	\$18.60			
Employee & Spouse	\$19.38				Employee & Child(ren)	\$19.50			
Employee & Child(ren)	\$25.46				Employee & Family	\$28.64			
Employee & Family	\$29.34								
CIGNA Dental									
Employee	\$33.05								
Employee & Spouse	\$72.87								
Employee & Child(ren)	\$78.83								
Employee & Family	\$101.33								
Delta Dental									
Employee	\$41.62								
Employee & Spouse	\$91.80								
Employee & Child(ren)	\$99.27								
Employee & Family	\$127.62								