

## July 1, 2009 Maricopa County Monthly COBRA Premiums

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

\*\*Add \$40.80 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	\$385.07	\$81.44	\$5.34	\$471.85	Employee	\$385.07	\$36.52	\$5.34	\$426.93
Employee & Spouse	\$777.99	\$163.08	\$10.06	\$951.13	Employee & Spouse	\$777.99	\$73.26	\$10.06	\$861.31
Employee & Child(ren)	\$638.28	\$134.54	\$10.52	\$783.34	Employee & Child(ren)	\$638.28	\$60.51	\$10.52	\$709.31
Employee & Family	\$1,033.46	\$216.06	\$15.50	\$1,265.02	Employee & Family	\$1,033.47	\$97.10	\$15.50	\$1,146.07
<b>CMG Low Option</b>					<b>CMG Low Option</b>				
Employee	\$253.74	\$81.44	\$5.34	\$340.52	Employee	\$253.74	\$36.52	\$5.34	\$295.60
Employee & Spouse	\$513.85	\$163.08	\$10.06	\$686.99	Employee & Spouse	\$513.85	\$73.26	\$10.06	\$597.17
Employee & Child(ren)	\$421.20	\$134.54	\$10.52	\$566.26	Employee & Child(ren)	\$421.20	\$60.51	\$10.52	\$492.23
Employee & Family	\$682.79	\$216.06	\$15.50	\$914.35	Employee & Family	\$682.80	\$97.10	\$15.50	\$795.40
<b>OAP In-Network</b>					<b>OAP In-Network</b>				
Employee	\$455.15	\$81.44	\$5.34	\$541.93	Employee	\$455.15	\$36.52	\$5.34	\$497.01
Employee & Spouse	\$918.48	\$163.08	\$10.06	\$1,091.62	Employee & Spouse	\$918.48	\$73.26	\$10.06	\$1,001.80
Employee & Child(ren)	\$754.21	\$134.54	\$10.52	\$899.27	Employee & Child(ren)	\$754.21	\$60.51	\$10.52	\$825.24
Employee & Family	\$1,220.23	\$216.06	\$15.50	\$1,451.79	Employee & Family	\$1,220.23	\$97.10	\$15.50	\$1,332.83
<b>OAP High Option</b>					<b>OAP High Option</b>				
Employee	\$480.56	\$81.44	\$5.34	\$567.34	Employee	\$480.56	\$36.52	\$5.34	\$522.42
Employee & Spouse	\$969.40	\$163.08	\$10.06	\$1,142.54	Employee & Spouse	\$969.40	\$73.26	\$10.06	\$1,052.72
Employee & Child(ren)	\$795.65	\$134.54	\$10.52	\$940.71	Employee & Child(ren)	\$795.64	\$60.51	\$10.52	\$866.67
Employee & Family	\$1,287.32	\$216.06	\$15.50	\$1,518.88	Employee & Family	\$1,287.33	\$97.10	\$15.50	\$1,399.93
<b>OAP Low Option</b>					<b>OAP Low Option</b>				
Employee	\$258.82	\$81.44	\$5.34	\$345.60	Employee	\$258.82	\$36.52	\$5.34	\$300.68
Employee & Spouse	\$523.19	\$163.08	\$10.06	\$696.33	Employee & Spouse	\$523.19	\$73.26	\$10.06	\$606.51
Employee & Child(ren)	\$428.98	\$134.54	\$10.52	\$574.04	Employee & Child(ren)	\$428.97	\$60.51	\$10.52	\$500.00
Employee & Family	\$694.87	\$216.06	\$15.50	\$926.43	Employee & Family	\$694.87	\$97.10	\$15.50	\$807.47
<b>Choice Fund HSA + CIGNA Rx</b>									
Employee	\$428.71		\$5.34	\$434.05					
Employee & Spouse	\$865.65		\$10.06	\$875.71					
Employee & Child(ren)	\$710.23		\$10.52	\$720.75					
Employee & Family	\$1,149.79		\$15.50	\$1,165.29					
<b>Dental</b>					<b>Vision with out Medical</b>				
<b>EDS</b>					Employee	\$10.36			
Employee	\$10.20				Employee & Spouse	\$19.54			
Employee & Spouse	\$19.38				Employee & Child(ren)	\$20.48			
Employee & Child(ren)	\$25.46				Employee & Family	\$30.07			
Employee & Family	\$29.34								
<b>CIGNA Dental</b>									
Employee	\$34.31								
Employee & Spouse	\$75.66								
Employee & Child(ren)	\$81.84								
Employee & Family	\$105.22								
<b>Delta Dental</b>									
Employee	\$43.88								
Employee & Spouse	\$96.80								
Employee & Child(ren)	\$104.67								
Employee & Family	\$134.58								