

2016 Monthly Premiums for COBRA Participants

ALL REGIONS AND CARRIERS	
PARTNERSHIP PPO	
Employee Only/Single	\$551.53
Employee + Child(ren)	\$910.03
Employee + Spouse	\$1,075.48
Employee + Spouse + Child(ren)	\$1,433.97
STANDARD PPO	
Employee Only/Single	\$577.03
Employee + Child(ren)	\$935.53
Employee + Spouse	\$1,126.48
Employee + Spouse + Child(ren)	\$1,484.97
LIMITED PPO	
Employee Only/Single	\$352.98
Employee + Child(ren)	\$582.42
Employee + Spouse	\$688.31
Employee + Spouse + Child(ren)	\$917.74
HEALTHSAVINGS CDHP	
Employee Only/Single	\$327.48
Employee + Child(ren)	\$540.34
Employee + Spouse	\$638.58
Employee + Spouse + Child(ren)	\$851.45