2019/2020 COBRA Participants Monthly Health Premiums

ALL REGIONS						
	LEVEL 1		LEVEL 2		LEVEL 3	
	BCBST & CIGNA LOCALPLUS	CIGNA OPEN ACCESS	BCBST & CIGNA LOCALPLUS	CIGNA OPEN ACCESS	BCBST & CIGNA LOCALPLUS	CIGNA OPEN ACCESS
PREMIER PPO						
Employee Only/Single	$675.24	$716.04	$754.80	$795.60	$820.08	$860.88
Employee + Child(ren)	$1,047.54	$1,088.34	$1,168.92	$1,209.72	$1,270.92	$1,311.72
Employee + Spouse	$1,452.48	$1,534.08	$1,621.80	$1,703.40	$1,763.58	$1,845.18
Employee + Spouse + Child(ren)	$1,824.78	$1,906.38	$2,036.94	$2,118.54	$2,215.44	$2,297.04
STANDARD PPO						
Employee Only/Single	$632.40	$673.20	$706.86	$747.66	$768.06	$808.86
Employee + Child(ren)	$981.24	$1,022.04	$1,095.48	$1,136.28	$1,191.36	$1,232.16
Employee + Spouse	$1,360.68	$1,442.28	$1,518.78	$1,600.38	$1,652.40	$1,734.00
Employee + Spouse + Child(ren)	$1,709.52	$1,791.12	$1,908.42	$1,990.02	$2,074.68	$2,156.28
LIMITED PPO						
Employee Only/Single	$490.62	$531.42	$548.76	$589.56	$596.70	$637.50
Employee + Child(ren)	$761.94	$802.74	$850.68	$891.48	$925.14	$965.94
Employee + Spouse	$1,056.72	$1,138.32	$1,180.14	$1,261.74	$1,283.16	$1,364.76
Employee + Spouse + Child(ren)	$1,328.04	$1,409.64	$1,481.04	$1,562.64	$1,611.60	$1,693.20
LOCAL CDHP/HSA						
Employee Only/Single	$442.68	$483.48	$492.66	$533.46	$535.50	$576.30
Employee + Child(ren)	$684.42	$725.22	$765.00	$805.80	$831.30	$872.10
Employee + Spouse	$949.62	$1,031.22	$1,059.78	$1,141.38	$1,152.60	$1,234.20
Employee + Spouse + Child(ren)	$1,193.40	$1,275.00	$1,332.12	$1,413.72	$1,448.40	$1,530.00

The premium amounts shown reflect the total monthly premium. The different premium levels are based on the demographics of your agency. Please see your agency benefits coordinator for your monthly deduction, your employer's contribution or if you are unsure as to which premium level applies to you.