

**2025 COBRA Participants Monthly Health Premiums**

<b>ALL REGIONS</b>				
	<b>BCBST NETWORK S</b>	<b>CIGNA LOCALPLUS</b>	<b>BCBST NETWORK P</b>	<b>CIGNA OPEN ACCESS</b>
<b>PREMIER PPO</b>				
Employee Only/Single	\$855.78	\$855.78	\$932.28	\$932.28
Employee + Child(ren)	\$1,328.04	\$1,328.04	\$1,414.74	\$1,414.74
Employee + Spouse	\$1,969.62	\$1,969.62	\$2,122.62	\$2,122.62
Employee + Spouse + Child(ren)	\$2,314.38	\$2,314.38	\$2,467.38	\$2,467.38
<b>STANDARD PPO</b>				
Employee Only/Single	\$787.44	\$787.44	\$863.94	\$863.94
Employee + Child(ren)	\$1,221.96	\$1,221.96	\$1,308.66	\$1,308.66
Employee + Spouse	\$1,812.54	\$1,812.54	\$1,965.54	\$1,965.54
Employee + Spouse + Child(ren)	\$2,129.76	\$2,129.76	\$2,282.76	\$2,282.76
<b>LIMITED PPO</b>				
Employee Only/Single	\$639.54	\$639.54	\$716.04	\$716.04
Employee + Child(ren)	\$992.46	\$992.46	\$1,079.16	\$1,079.16
Employee + Spouse	\$1,471.86	\$1,471.86	\$1,624.86	\$1,624.86
Employee + Spouse + Child(ren)	\$1,728.90	\$1,728.90	\$1,881.90	\$1,881.90
<b>LOCAL CDHP/HSA</b>				
Employee Only/Single	\$590.58	\$590.58	\$667.08	\$667.08
Employee + Child(ren)	\$915.96	\$915.96	\$1,002.66	\$1,002.66
Employee + Spouse	\$1,357.62	\$1,357.62	\$1,510.62	\$1,510.62
Employee + Spouse + Child(ren)	\$1,595.28	\$1,595.28	\$1,748.28	\$1,748.28