

2019/2020 COBRA Participants Monthly Health Premiums

ALL REGIONS			
	BCBST	CIGNA LOCALPLUS	CIGNA OPEN ACCESS
PREMIER PPO			
Employee Only/Single	\$692.58	\$692.58	\$733.38
Employee + Child(ren)	\$1,038.36	\$1,038.36	\$1,079.16
Employee + Spouse	\$1,452.48	\$1,452.48	\$1,534.08
Employee + Spouse + Child(ren)	\$1,798.26	\$1,798.26	\$1,879.86
STANDARD PPO			
Employee Only/Single	\$647.70	\$647.70	\$688.50
Employee + Child(ren)	\$972.06	\$972.06	\$1,012.86
Employee + Spouse	\$1,361.70	\$1,361.70	\$1,443.30
Employee + Spouse + Child(ren)	\$1,685.04	\$1,685.04	\$1,766.64
CDHP/HSA			
Employee Only/Single	\$615.06	\$615.06	\$655.86
Employee + Child(ren)	\$921.06	\$921.06	\$961.86
Employee + Spouse	\$1,290.30	\$1,290.30	\$1,371.90
Employee + Spouse + Child(ren)	\$1,596.30	\$1,596.30	\$1,677.90

*COBRA participants enrolled in the CDHP/HSA do not receive a state contribution to their HSA.