

2017 Monthly Premiums for COBRA Participants

ALL REGIONS			
	BCBST	CIGNA LOCALPLUS	CIGNA OPEN ACCESS
PARTNERSHIP PROMISE PPO			
Employee Only/Single	\$582.42	\$582.42	\$623.22
Employee + Child(ren)	\$959.82	\$959.82	\$1,000.62
Employee + Spouse	\$1,135.26	\$1,135.26	\$1,216.86
Employee + Spouse + Child(ren)	\$1,512.66	\$1,512.66	\$1,594.26
NO PARTNERSHIP PROMISE PPO			
Employee Only/Single	\$633.42	\$633.42	\$674.22
Employee + Child(ren)	\$1,010.82	\$1,010.82	\$1,051.62
Employee + Spouse	\$1,237.26	\$1,237.26	\$1,318.86
Employee + Spouse + Child(ren)	\$1,614.66	\$1,614.66	\$1,696.26
STANDARD PPO			
Employee Only/Single	\$596.70	\$596.70	\$637.50
Employee + Child(ren)	\$984.30	\$984.30	\$1,025.10
Employee + Spouse	\$1,162.80	\$1,162.80	\$1,244.40
Employee + Spouse + Child(ren)	\$1,550.40	\$1,550.40	\$1,632.00
LIMITED PPO			
Employee Only/Single	\$434.52	\$434.52	\$475.32
Employee + Child(ren)	\$716.04	\$716.04	\$756.84
Employee + Spouse	\$846.60	\$846.60	\$928.20
Employee + Spouse + Child(ren)	\$1,128.12	\$1,128.12	\$1,209.72
HEALTHSAVINGS CDHP			
Employee Only/Single	\$390.66	\$390.66	\$431.46
Employee + Child(ren)	\$644.64	\$644.64	\$685.44
Employee + Spouse	\$761.94	\$761.94	\$843.54
Employee + Spouse + Child(ren)	\$1,014.90	\$1,014.90	\$1,096.50