

**2024 COBRA Participants Monthly Health Premiums**

| <b>ALL REGIONS</b>             |                            |                            |                            |                              |
|--------------------------------|----------------------------|----------------------------|----------------------------|------------------------------|
|                                | <b>BCBST<br/>NETWORK S</b> | <b>CIGNA<br/>LOCALPLUS</b> | <b>BCBST<br/>NETWORK P</b> | <b>CIGNA<br/>OPEN ACCESS</b> |
| <b>PREMIER PPO</b>             |                            |                            |                            |                              |
| Employee Only/Single           | \$808.86                   | \$808.86                   | \$885.36                   | \$885.36                     |
| Employee + Child(ren)          | \$1,212.78                 | \$1,212.78                 | \$1,299.48                 | \$1,299.48                   |
| Employee + Spouse              | \$1,819.68                 | \$1,819.68                 | \$1,972.68                 | \$1,972.68                   |
| Employee + Spouse + Child(ren) | \$2,101.20                 | \$2,101.20                 | \$2,254.20                 | \$2,254.20                   |
| <b>STANDARD PPO</b>            |                            |                            |                            |                              |
| Employee Only/Single           | \$750.72                   | \$750.72                   | \$827.22                   | \$827.22                     |
| Employee + Child(ren)          | \$1,126.08                 | \$1,126.08                 | \$1,212.78                 | \$1,212.78                   |
| Employee + Spouse              | \$1,690.14                 | \$1,690.14                 | \$1,843.14                 | \$1,843.14                   |
| Employee + Spouse + Child(ren) | \$1,951.26                 | \$1,951.26                 | \$2,104.26                 | \$2,104.26                   |
| <b>CDHP/HSA</b>                |                            |                            |                            |                              |
| Employee Only/Single           | \$719.10                   | \$719.10                   | \$795.60                   | \$795.60                     |
| Employee + Child(ren)          | \$1,079.16                 | \$1,079.16                 | \$1,165.86                 | \$1,165.86                   |
| Employee + Spouse              | \$1,618.74                 | \$1,618.74                 | \$1,771.74                 | \$1,771.74                   |
| Employee + Spouse + Child(ren) | \$1,869.66                 | \$1,869.66                 | \$2,022.66                 | \$2,022.66                   |

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