PARTNERS FOR HEALTH

Local Government

HEALTH PREMIUMS—COBRA

2016 Monthly Premiums for COBRA Participants

ALL REGIONS AND CARRIERS			
	LEVEL 1	LEVEL 2	LEVEL 3
PARTNERSHIP PPO			
Employee Only/Single	$623.78	$686.16	$747.91
Employee + Child(ren)	$966.86	$1,063.54	$1,159.27
Employee + Spouse	$1,341.10	$1,475.22	$1,608.01
Employee + Spouse + Child(ren)	$1,684.20	$1,852.61	$2,019.36
STANDARD PPO			
Employee Only/Single	$649.28	$711.66	$773.41
Employee + Child(ren)	$992.36	$1,089.04	$1,184.77
Employee + Spouse	$1,392.10	$1,526.22	$1,659.01
Employee + Spouse + Child(ren)	$1,735.20	$1,903.61	$2,070.36
LIMITED PPO			
Employee Only/Single	$399.44	$439.39	$478.93
Employee + Child(ren)	$619.13	$681.05	$742.34
Employee + Spouse	$858.80	$944.68	$1,029.70
Employee + Spouse + Child(ren)	$1,078.50	$1,186.34	$1,293.11
HEALTHSAVINGS CDHP			
Employee Only/Single	$373.94	$413.89	$453.43
Employee + Child(ren)	$579.61	$641.53	$702.81
Employee + Spouse	$803.97	$889.85	$974.88
Employee + Spouse + Child(ren)	$1,009.65	$1,117.49	$1,224.26