

## COBRA RATES 2018

Plan Type	Tier	2018 Monthly Premium
<b>Medical</b>		
<b>Exclusive Provider Organization (EPO)</b> <i>Aetna, BCBSAZ, Cigna, UnitedHealthcare</i>	Applicant Only	\$676.69
	Applicant + Spouse	\$1,431.64
	Applicant + Child	\$956.53
	Family	\$1,670.18
<b>Preferred Provider Organization (PPO)</b> <i>Aetna, BCBSAZ, UnitedHealthcare</i>	Applicant Only	\$756.62
	Applicant + Spouse	\$1,599.11
	Applicant + Child	\$1,070.21
	Family	\$1,865.76
<b>Health Savings Account (HSA)</b> <i>Aetna</i>	Applicant Only	\$449.82
	Applicant + Spouse	\$953.02
	Applicant + Child	\$636.25
	Family	\$1,111.31

<b>Vision</b>		
<b>Avesis Vision</b>	Applicant Only	\$4.07
	Applicant + Spouse	\$13.20
	Applicant + Child	\$13.02
	Family	\$16.42

<b>Dental</b>		
<b>Delta Dental PPO Plus Premier</b>	Applicant Only	\$36.66
	Applicant + Spouse	\$77.14
	Applicant + Child	\$61.69
	Family	\$120.63
<b>Cigna Dental (DHMO)</b>	Applicant Only	\$8.69
	Applicant + Spouse	\$17.38
	Applicant + Child	\$16.92
	Family	\$26.05