

COBRA RATES 2018

Plan Type	Tier	2018 Monthly Premium
Exclusive Provider Organization (EPO) <i>Aetna, BCBSAZ, Cigna, UHC</i>	Applicant Only	\$676.69
	Applicant + Spouse	\$1,431.64
	Applicant + Child	\$956.52
	Family	\$1,670.18
Preferred Provider Organization (PPO) <i>Aetna, BCBSAZ, Cigna, UHC</i>	Applicant Only	\$756.62
	Applicant + Spouse	\$1,599.11
	Applicant + Child	\$1,070.22
	Family	\$1,865.77
Health Savings Account (HSA) <i>Aetna</i>	Applicant Only	\$449.82
	Applicant + Spouse	\$953.02
	Applicant + Child	\$636.24
	Family	\$1,111.31

Questions?

Please contact a Benefit Options representative by phone 602-542-5008, toll-free 1-800-304-3687, by email benefitsissues@azdoa.gov or visit benefitoptions.az.gov under the COBRA tab.