

Health Plans – COBRA Premiums Per Month		
CARRIERS – AETNA, BCBSAZ, CIGNA, UHC		
EPO	PPO*	HDHP with HSA**
\$637.54 - EMPLOYEE ONLY \$1,352.40 - EMPLOYEE + SPOUSE \$905.85 - EMPLOYEE + 1 CHILD \$1,586.39 - FAMILY	\$718.86 - EMPLOYEE ONLY \$1,519.25 - EMPLOYEE + SPOUSE \$1,016.83 - EMPLOYEE + 1 CHILD \$1,772.65 - FAMILY <i>*Cigna not available for PPO.</i>	\$422.38 - EMPLOYEE ONLY \$896.23 - EMPLOYEE + SPOUSE \$599.08 - EMPLOYEE + 1 CHILD \$1,048.06 - FAMILY <i>**Coverage with Aetna only</i>
Dental Plans – COBRA Premiums Per Month		
CARRIERS & PLANS		
PPO – DELTA DENTAL	DHMO – CIGNA DENTAL†	
\$36.66 - EMPLOYEE \$77.14 - EMPLOYEE + SPOUSE \$61.69 - EMPLOYEE + 1 CHILD \$120.63 - EMPLOYEE + FAMILY	\$8.69 - EMPLOYEE \$17.38 - EMPLOYEE + SPOUSE \$16.92 - EMPLOYEE + 1 CHILD \$26.05 - EMPLOYEE + FAMILY	†Coverage not available in AK, ID, ME, MT, NH, NM, ND, PR, SD, VT, USVI, WV and WY.
Vision Plan – COBRA Premiums Per Month		
CARRIER – AVESIS ADVANTAGE PROGRAM		
PLAN		
\$4.07 - EMPLOYEE \$13.20 - EMPLOYEE + SPOUSE \$13.02 - EMPLOYEE + 1 CHILD \$16.42 - EMPLOYEE + FAMILY		
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.		