

**2024 COBRA Participants Monthly Health Premiums**

<b>ALL REGIONS</b>				
	<b>BCBST NETWORK S</b>	<b>CIGNA LOCALPLUS</b>	<b>BCBST NETWORK P</b>	<b>CIGNA OPEN ACCESS</b>
<b>PREMIER PPO</b>				
Employee Only/Single	\$842.53	\$842.53	\$919.03	\$919.03
Employee + Child(ren)	\$1,307.15	\$1,307.15	\$1,393.85	\$1,393.85
Employee + Spouse	\$1,937.82	\$1,937.82	\$2,090.82	\$2,090.82
Employee + Spouse + Child(ren)	\$2,277.08	\$2,277.08	\$2,430.08	\$2,430.08
<b>STANDARD PPO</b>				
Employee Only/Single	\$775.33	\$775.33	\$851.83	\$851.83
Employee + Child(ren)	\$1,202.90	\$1,202.90	\$1,289.60	\$1,289.60
Employee + Spouse	\$1,783.27	\$1,783.27	\$1,936.27	\$1,936.27
Employee + Spouse + Child(ren)	\$2,095.47	\$2,095.47	\$2,248.47	\$2,248.47
<b>LIMITED PPO</b>				
Employee Only/Single	\$629.57	\$629.57	\$706.07	\$706.07
Employee + Child(ren)	\$976.76	\$976.76	\$1,063.46	\$1,063.46
Employee + Spouse	\$1,448.01	\$1,448.01	\$1,601.01	\$1,601.01
Employee + Spouse + Child(ren)	\$1,701.52	\$1,701.52	\$1,854.52	\$1,854.52
<b>LOCAL CDHP/HSA</b>				
Employee Only/Single	\$580.98	\$580.98	\$657.48	\$657.48
Employee + Child(ren)	\$901.37	\$901.37	\$988.07	\$988.07
Employee + Spouse	\$1,336.26	\$1,336.26	\$1,489.26	\$1,489.26
Employee + Spouse + Child(ren)	\$1,570.21	\$1,570.21	\$1,723.21	\$1,723.21

The premium amounts shown reflect the total monthly premium.