

**2024 Retiree 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	\$918.00	\$918.00	\$994.50	\$994.50
Employee + Child(ren)	\$1,377.00	\$1,377.00	\$1,463.70	\$1,463.70
Employee + Spouse	\$2,066.52	\$2,066.52	\$2,219.52	\$2,219.52
Employee + Spouse + Child(ren)	\$2,385.78	\$2,385.78	\$2,538.78	\$2,538.78
Spouse Only	\$1,148.52	\$1,148.52	\$1,225.02	\$1,225.02
Child(ren) Only	\$459.00	\$459.00	\$535.50	\$535.50
Spouse + Child(ren)	\$1,467.78	\$1,467.78	\$1,554.48	\$1,554.48
<b>STANDARD PPO</b>				
Employee Only/Single	\$852.72	\$852.72	\$929.22	\$929.22
Employee + Child(ren)	\$1,279.08	\$1,279.08	\$1,365.78	\$1,365.78
Employee + Spouse	\$1,918.62	\$1,918.62	\$2,071.62	\$2,071.62
Employee + Spouse + Child(ren)	\$2,215.44	\$2,215.44	\$2,368.44	\$2,368.44
Spouse Only	\$1,065.90	\$1,065.90	\$1,142.40	\$1,142.40
Child(ren) Only	\$426.36	\$426.36	\$502.86	\$502.86
Spouse + Child(ren)	\$1,362.72	\$1,362.72	\$1,449.42	\$1,449.42
<b>CDHP/HSA</b>				
Employee Only/Single	\$808.86	\$808.86	\$885.36	\$885.36
Employee + Child(ren)	\$1,211.76	\$1,211.76	\$1,298.46	\$1,298.46
Employee + Spouse	\$1,818.66	\$1,818.66	\$1,971.66	\$1,971.66
Employee + Spouse + Child(ren)	\$2,100.18	\$2,100.18	\$2,253.18	\$2,253.18
Spouse Only	\$1,009.80	\$1,009.80	\$1,086.30	\$1,086.30
Child(ren) Only	\$402.90	\$402.90	\$479.40	\$479.40
Spouse + Child(ren)	\$1,291.32	\$1,291.32	\$1,378.02	\$1,378.02

\*COBRA participants enrolled in the CDHP/HSA do not receive a state contribution to their HSA.