PARTNERS FOR HEALTH

State and Higher Education

HEALTH PREMIUMS—COBRA

2016 Monthly Premiums for COBRA Participants

ALL REGIONS AND CARRIERS	
PARTNERSHIP PPO	
Employee Only/Single	$671.47
Employee + Child(ren)	$1,007.21
Employee + Spouse	$1,410.08
Employee + Spouse + Child(ren)	$1,745.82
STANDARD PPO	
Employee Only/Single	$696.97
Employee + Child(ren)	$1,032.71
Employee + Spouse	$1,461.08
Employee + Spouse + Child(ren)	$1,796.82
HEALTHSAVINGS CDHP	
Employee Only/Single	$633.22
Employee + Child(ren)	$950.86
Employee + Spouse	$1,330.17
Employee + Spouse + Child(ren)	$1,647.82
WELLNESS HEALTHSAVINGS CDHP*	
Employee Only/Single	$633.22
Employee + Child(ren)	$950.86
Employee + Spouse	$1,330.17
Employee + Spouse + Child(ren)	$1,647.82

*COBRA participants enrolled in the Wellness HealthSavings CDHP do not receive a state contribution to their HSA