

PIMA COUNTY

Medical, Dental and Vision Insurance Premiums for Plan Year 2016/17

All COBRA premiums include a 2% administrative fee

Medical - Premiums do not reflect Tobacco Free and Healthy Lifestyle Discounts

High Deductible Health Plan (HDHP)

Level of Coverage	Bi-Weekly		Monthly	
	Employee	County *	Monthly	COBRA **
Employee Only	\$35.00	\$141.62	\$382.68	\$390.33
Employee + Spouse	\$48.92	\$355.22	\$875.64	\$893.15
Employee + Child(ren)	\$47.86	\$345.09	\$851.39	\$868.42
Employee + Family	\$66.03	\$509.18	\$1,246.29	\$1,271.21

* The County will pay HSA admin. fees as well as provide HSA funding for FY 2016-17 for employees enrolled in the HDHP w/HSA. The County funds will be deposited for employees enrolled in the HDHP with HSA in July and January \$500 or \$1000 depending upon level of coverage at time of funding.

** In addition to premiums, HSA administrative fees may apply

Dental

Pima County Self Funded Dental Plan (PCD)

Level of Coverage	Bi-Weekly		Monthly	
	Employee	County	Monthly	COBRA
Employee Only	\$10.23	\$10.23	\$44.34	\$45.23
Employee + Spouse	\$25.20	\$10.23	\$76.76	\$78.30
Employee + Child(ren)	\$23.11	\$10.23	\$72.24	\$73.68
Employee + Family	\$38.01	\$10.23	\$104.53	\$106.62

Employers Dental Service (EDS)

Level of Coverage	Bi-Weekly		Monthly	
	Employee	County	Monthly	COBRA
Employee Only	\$1.88	\$1.89	\$8.16	\$8.32
Employee + Spouse	\$6.10	\$1.89	\$17.32	\$17.67
Employee + Child(ren)	\$9.20	\$1.89	\$24.02	\$24.50
Employee + Family	\$10.10	\$1.89	\$25.98	\$26.50

Vision

Davis Vision

Level of Coverage	Bi-Weekly		Monthly	
	Employee	County	Monthly	COBRA
Employee Only	\$2.60	\$0.00	\$5.63	\$5.75
Employee + Spouse	\$4.13	\$0.00	\$8.95	\$9.13
Employee + Child(ren)	\$4.96	\$0.00	\$10.75	\$10.96
Employee + Family	\$5.52	\$0.00	\$11.96	\$12.20

COBRA is Administered by: ASI COBRA 1-877-388-8331 www.asicobra.com