

**FY2018
STATE OF IDAHO
Active Employee Plans
COBRA Monthly Premium Rates Effective 7/1/2017 through 6/30/2018**

COBRA ADMINISTRATION

Blue Cross of Idaho administers COBRA coverage for state of Idaho group members. To request an informational/enrollment packet, please contact Blue Cross at 1-800-289-8613 ext. 8211.

MONTHLY PREMIUMS

Medical Coverage (You may only choose a continuation of the plan in effect on the date your active employee coverage ends)

| | High Deductible Plan | PPO Plan | Traditional Plan |
|---------------------------------|-------------------------|-------------|---------------------|
| Subscriber | \$545.00 | \$637.00 | \$700.00 |
| Subscriber and Spouse | \$1,090.00 | \$1,274.00 | \$1,401.00 |
| Subscriber and Child | \$763.00 | \$891.00 | \$980.00 |
| Subscriber and Children | \$1,090.00 | \$1,274.00 | \$1,401.00 |
| Subscriber, Spouse and Child | \$1,308.00 | \$1,529.00 | \$1,681.00 |
| Subscriber, Spouse and Children | \$1,636.00 | \$1,911.00 | \$2,101.00 |

Dental Coverage

| | |
|---------------------------------|---------|
| Subscriber | \$31.00 |
| Subscriber and Spouse | \$62.00 |
| Subscriber and Child | \$43.00 |
| Subscriber and Children | \$62.00 |
| Subscriber, Spouse and Child | \$75.00 |
| Subscriber, Spouse and Children | \$94.00 |