

CITY OF PHOENIX

2027 COBRA PREMIUM RATES

EFFECTIVE JANUARY 1, 2027 through December 31, 2027

QUALIFYING EVENTS

death of covered employee, a covered employee's
termination of employment, reduction of hours of
employment, divorce, or legal separation from covered
employee, dependent no longer eligible

MEDICAL		
PLAN OPTION	COVERAGE TIER	MONTHLY COBRA RATE
SAVER'S CHOICE/ BLUE CROSS BLUE SHIELD	SINGLE	\$625.25
	FAMILY	\$2,157.19
HMO/BANNER AETNA	SINGLE	\$838.35
	FAMILY	\$2,661.65
PPO / BLUE CROSS BLUE SHIELD	SINGLE	\$1,181.52
	FAMILY	\$3,750.98

DENTAL		
PLAN OPTION	COVERAGE TIER	MONTHLY COBRA RATE
HMO / CIGNA	SINGLE	\$25.96
	FAMILY	\$71.54
PPO / CIGNA	SINGLE	\$50.00
	FAMILY	\$137.92
PPO PLUS / CIGNA	SINGLE	\$64.74
	FAMILY	\$178.44

VISION		
PLAN OPTION	COVERAGE TIER	MONTHLY COBRA RATE
Davis Vision	SINGLE	\$11.30
	FAMILY	\$26.64