## XL America, Inc.

# **2023 Monthly COBRA Premium Rates**

#### Medical:

Cigna			CIGNA High Deductible 2 / CAREMARK High Deductible 2 RX			CIGNA OAP PLAN / CAREMARK OAP PLAN RX		
	(CIGNA High Ded 1)		(CI	IGNA High Ded 2)		(C	IGNA OAP PLAN)	
	☐ Single	\$783.61	回	Sing <b>l</b> e	\$735.11	П	Single	\$943.10
	☐ Single + Child	\$1,355.52		Sing <b>l</b> e + Chi <b>l</b> d	\$1,274.65		Single + Child	\$1,650.58
	☐ Single + Child(ren)	\$1,355.52		Single + Child(ren)	\$1,274.65		Single + Child(ren)	\$1,650.58
	☐ Single + Spouse	\$1,567.23		Single + Spouse	\$1,470.19		Single + Spouse	<b>\$1,886.</b> 37
	☐ Family	\$2,837.48		Family	\$2,643.41		Fami <b>l</b> y	\$3,301.14

### Dental:

METLIFE	METLIFE BASIC DENTAL		ME	TLIFE PREMIUM DENTAL	
	(BASIC DENTAL)		(Pi	REMIUM DENTAL)	
	☐ Single	\$38 <b>.</b> 45		Sing <b>l</b> e	\$56.16
	☐ Single + Child	\$71.12		Single + Child	\$108.45
	☐ Single + Child(ren)	\$71.12		Single + Child(ren)	\$108.45
	☐ Single + Spouse	\$67.28		Single + Spouse	\$98.29
	☐ Family	\$106.09		Family	\$161.77

#### Vision:

METLIFE	METLIFE BASIC VISION		ME	TLIFE PREMIUM VISION	
	(BASIC VISION)		(PR	REMIUM VISION)	
	☐ Single	\$6.69		Sing <b>l</b> e	\$12,60
	☐ Single + Child \$	11.11		Single + Child	\$20.94
	☐ Single + Child(ren) \$	11.11		Single + Child(ren)	\$20.94
	☐ Single + Spouse \$	10.37		Single + Spouse	\$19.55
	☐ Family \$	17.75		Family	\$33.45