

X.L. America, Inc.
2024 Monthly COBRA Premium Rates

Medical:

ALLEGIANCE	High Deductible 1 / HDHP1 RX	High Deductible 2 / HDHP2 RX	OAP / OAP RX
	<i>(High Ded 1)</i>	<i>(High Ded 2)</i>	<i>(OAP)</i>
	<input type="checkbox"/> Single \$801.72 <input type="checkbox"/> Single + Child \$1,387.09 <input type="checkbox"/> Single + Child(ren) \$1,387.09 <input type="checkbox"/> Single + Spouse \$1,603.44 <input type="checkbox"/> Family \$2,901.51	<input type="checkbox"/> Single \$752.16 <input type="checkbox"/> Single + Child \$1,304.45 <input type="checkbox"/> Single + Child(ren) \$1,304.45 <input type="checkbox"/> Single + Spouse \$1,504.27 <input type="checkbox"/> Family \$2,703.19	<input type="checkbox"/> Single \$963.77 <input type="checkbox"/> Single + Child \$1,686.75 <input type="checkbox"/> Single + Child(ren) \$1,686.75 <input type="checkbox"/> Single + Spouse \$1,927.71 <input type="checkbox"/> Family \$3,373.48
ALLEGIANCE	P.R. INDEMNITY / PR INDEMNITY RX		
	<i>(PR INDEMNITY)</i>		
	<input type="checkbox"/> Single \$963.77 <input type="checkbox"/> Single + Child \$1,686.75 <input type="checkbox"/> Single + Child(ren) \$1,686.75 <input type="checkbox"/> Single + Spouse \$1,927.71 <input type="checkbox"/> Family \$3,373.48		

Dental:

METLIFE	METLIFE BASIC DENTAL	METLIFE PREMIUM DENTAL	
	<i>(BASIC DENTAL)</i>	<i>(PREMIUM DENTAL)</i>	
	<input type="checkbox"/> Single \$40.76 <input type="checkbox"/> Single + Child \$75.39 <input type="checkbox"/> Single + Child(ren) \$75.39 <input type="checkbox"/> Single + Spouse \$71.32 <input type="checkbox"/> Family \$112.45	<input type="checkbox"/> Single \$59.53 <input type="checkbox"/> Single + Child \$114.95 <input type="checkbox"/> Single + Child(ren) \$114.95 <input type="checkbox"/> Single + Spouse \$104.18 <input type="checkbox"/> Family \$171.48	

Vision:

METLIFE	METLIFE BASIC VISION	METLIFE PREMIUM VISION	
	<i>(BASIC VISION)</i>	<i>(PREMIUM VISION)</i>	
	<input type="checkbox"/> Single \$6.69 <input type="checkbox"/> Single + Child \$11.11 <input type="checkbox"/> Single + Child(ren) \$11.11 <input type="checkbox"/> Single + Spouse \$10.37 <input type="checkbox"/> Family \$17.75	<input type="checkbox"/> Single \$12.60 <input type="checkbox"/> Single + Child \$20.94 <input type="checkbox"/> Single + Child(ren) \$20.94 <input type="checkbox"/> Single + Spouse \$19.55 <input type="checkbox"/> Family \$30.41	