

AXA XL (XL America, Inc.)

2025 Monthly COBRA Rates

Medical:

ALLEGIANCE	High Deductible 1 / HDHP1 RX (High Ded 1)	High Deductible 2 / HDHP2 RX (High Ded 2)	OAP / OAP RX (OAP)
	<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 (PR INDEMNITY)		
	<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 (BASIC DENTAL)	METLIFE PREMIUM DENTAL (PREMIUM DENTAL)	
	<input type="checkbox"/> Single \$44.89 <input type="checkbox"/> Single + Child \$83.03 <input type="checkbox"/> Single + Child(ren) \$83.03 <input type="checkbox"/> Single + Spouse \$78.55 <input type="checkbox"/> Family \$123.86	<input type="checkbox"/> Single \$65.57 <input type="checkbox"/> Single + Child \$126.61 <input type="checkbox"/> Single + Child(ren) \$126.61 <input type="checkbox"/> Single + Spouse \$114.75 <input type="checkbox"/> Family \$188.87	

Vision:

METLIFE	METLIFE BASIC VISION (BASIC VISION)	METLIFE PREMIUM VISION (PREMIUM VISION)	
	<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 \$33.45	