AXA XL (XL America, Inc.)

2026 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)*	
	☐ Single	$870.67	☐ Single	$817.06	☐ Single	$1,042.49
	☐ Single + Child	$1,507.33	☐ Single + Child	$1,417.94	☐ Single + Child	$1,824.53
	☐ Single + Child(ren)	$1,507.33	☐ Single + Child(ren)	$1,417.94	☐ Single + Child(ren)	$1,824.53
	☐ Single + Spouse	$1,741.35	☐ Single + Spouse	$1,634.08	☐ Single + Spouse	$2,085.17
	☐ Family	$3,145.46	☐ Family	$2,930.94	☐ Family	$3,649.03
ALLEGIANCE	P.R. INDEMNITY / PR INDEMNITY RX *(PR INDEMNITY)*					
	☐ Single	$1,042.49				
	☐ Single + Child	$1,824.53				
	☐ Single + Child(ren)	$1,824.53				
	☐ Single + Spouse	$2,085.17				
	☐ Family	$3,649.03				

Dental:

METLIFE	METLIFE BASIC DENTAL *(BASIC DENTAL)*		METLIFE PREMIUM DENTAL *(PREMIUM DENTAL)*	
	☐ Single	$48.03	☐ Single	$70.16
	☐ Single + Child	$88.84	☐ Single + Child	$135.48
	☐ Single + Child(ren)	$88.84	☐ Single + Child(ren)	$135.48
	☐ Single + Spouse	$84.05	☐ Single + Spouse	$122.79
	☐ Family	$132.53	☐ Family	$202.09

Vision:

METLIFE	METLIFE BASIC VISION *(BASIC VISION)*		METLIFE PREMIUM VISION *(PREMIUM VISION)*	
	☐ Single	$6.69	☐ Single	$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