

2024 COBRA INFORMATION

For detailed information on continued coverage under COBRA, refer to the COBRA section under the Health tab at www.life360ahbelo.com.

Contact TaxSaver Plan, our COBRA administrator, at 1-888-602-6272 or www.taxesaverplan.com.

2024 Monthly Rates (includes 2% administration fee)

Monthly Rates					
Option	Individual Only	Two Adults	One Adult & Child(ren)	Family	Children Only
Medical					
CDHP	\$713.91	\$1,746.80	\$1,369.03	\$2,351.21	\$1,369.03
PPO	\$793.57	\$1,904.51	\$1,507.73	\$2,539.34	\$1,507.73
EAP					
Employee Assistance Program	\$1.77	\$1.77	\$1.77	\$1.77	\$1.77
Dental					
Delta Dental High Plan	\$36.19	\$74.50	\$71.57	\$111.20	\$71.57
Delta Dental Low Plan	\$24.93	\$51.33	\$50.72	\$78.29	\$50.72
Vision					
Vision Service Plan	\$12.61	\$26.50	\$26.50	\$26.50	\$26.50