



2025 COBRA benefits rates

Saver, Premier, and Contribution Plan COBRA rates

2025 COBRA rates	Your monthly cost					
	Premier Plan		Contribution Plan		Saver Plan	
	COBRA*	COBRA Disability**	COBRA*	COBRA Disability**	COBRA*	COBRA Disability**
Associate only	\$583.46	\$858.03	\$1,162.76	\$1,709.94	\$397.81	\$585.02
Associate + spouse/partner	\$1,400.32	\$2,059.29	\$2,790.63	\$4,103.87	\$954.75	\$1,404.05
Associate + child(ren)	\$875.20	\$1,287.06	\$1,744.15	\$2,564.93	\$596.72	\$877.53
Associate + family	\$1,692.05	\$2,488.31	\$3,372.02	\$4,958.85	\$1,153.65	\$1,696.55

Local COBRA plans available in select locations

Banner: Arizona	Your monthly cost	
	COBRA*	COBRA Disability**
Associate only	\$630.15	\$926.69
Associate + spouse/partner	\$1,512.34	\$2,224.04
Associate + child(ren)	\$945.21	\$1,390.02
Associate + family	\$1,827.41	\$2,687.37

Mercy Arkansas: NW Arkansas	Your monthly cost	
	COBRA*	COBRA Disability**
Associate only	\$1,162.76	\$1,709.94
Associate + spouse/partner	\$2,790.63	\$4,103.87
Associate + child(ren)	\$1,744.15	\$2,564.93
Associate + family	\$3,372.02	\$4,958.85

*COBRA = 102%: You and/or your eligible dependent(s) will be responsible for both the associate portion of the premium and the amounts that were previously paid by the company, plus a 2% administrative fee.

**COBRA Disability = 150%: You and/or your eligible dependent(s) will be responsible for both the associate portion of the premium and the amounts that were previously paid by the company, plus a 50% administrative fee in cases of the 11-month disability extension.

HMO COBRA plans available in select locations

Health Net ExcelCare High Option: California	Your monthly cost	
	COBRA*	COBRA Disability**
Associate only	\$818.43	\$1,203.57
Associate + spouse/partner	\$1,964.00	\$2,888.24
Associate + child(ren)	\$1,227.52	\$1,805.18
Associate + family	\$2,373.19	\$3,489.99

Health Net ExcelCare Low Option: California	Your monthly cost	
	COBRA*	COBRA Disability**
Associate only	\$649.75	\$955.52
Associate + spouse/partner	\$1,559.28	\$2,293.07
Associate + child(ren)	\$974.55	\$1,433.16
Associate + family	\$1,884.10	\$2,770.74

Health Net Salud Y Mas: California	Your monthly cost	
	COBRA*	COBRA Disability**
Associate only	\$629.11	\$925.16
Associate + spouse/partner	\$1,509.89	\$2,220.42
Associate + child(ren)	\$943.70	\$1,387.80
Associate + family	\$1,824.44	\$2,683.01

Kaiser California High Option: North and South	Your monthly cost	
	COBRA*	COBRA Disability**
Associate only	\$693.59	\$1,019.99
Associate + spouse/partner	\$1,664.61	\$2,447.96
Associate + child(ren)	\$1,040.38	\$1,529.97
Associate + family	\$2,011.40	\$2,957.94

Kaiser California Low Option: North and South	Your monthly cost	
	COBRA*	COBRA Disability**
Associate only	\$636.84	\$936.53
Associate + spouse/partner	\$1,528.41	\$2,247.66
Associate + child(ren)	\$955.25	\$1,404.78
Associate + family	\$1,846.82	\$2,715.92

Kaiser of Colorado Low Option	Your monthly cost	
	COBRA*	COBRA Disability**
Associate only	\$752.06	\$1,105.97
Associate + spouse/partner	\$1,804.93	\$2,654.31
Associate + child(ren)	\$1,128.08	\$1,658.94
Associate + family	\$2,180.96	\$3,207.30

Kaiser of Georgia Low Option	Your monthly cost	
	COBRA*	COBRA Disability**
Associate only	\$680.51	\$1,000.76
Associate + spouse/partner	\$1,633.23	\$2,401.82
Associate + child(ren)	\$1,020.78	\$1,501.14
Associate + family	\$1,973.49	\$2,902.19

Kaiser of the Mid-Atlantic Low Option: Maryland	Your monthly cost	
	COBRA*	COBRA Disability**
Associate only	\$674.40	\$991.77
Associate + spouse/partner	\$1,618.57	\$2,380.25
Associate + child(ren)	\$1,011.61	\$1,487.66
Associate + family	\$1,955.77	\$2,876.13

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HMO COBRA plans (cont.)

Kaiser of Oregon High Option	Your monthly cost	
	COBRA*	COBRA Disability**
Associate only	\$679.04	\$998.60
Associate + spouse/partner	\$1,629.71	\$2,396.63
Associate + child(ren)	\$1,018.57	\$1,497.90
Associate + family	\$1,969.23	\$2,895.93

Kaiser of Oregon Low Option	Your monthly cost	
	COBRA*	COBRA Disability**
Associate only	\$665.47	\$978.63
Associate + spouse/partner	\$1,597.12	\$2,348.70
Associate + child(ren)	\$998.20	\$1,467.95
Associate + family	\$1,929.85	\$2,838.02

Kaiser of Washington state	Your monthly cost	
	COBRA*	COBRA Disability**
Associate only	\$512.31	\$753.39
Associate + spouse/partner	\$1,229.58	\$1,808.21
Associate + child(ren)	\$768.51	\$1,130.16
Associate + family	\$1,485.73	\$2,184.90

COBRA plans for U.S.-based Global Tech associates in selected locations

PPO COBRA Plan

PPO Plan	Your monthly cost	
	COBRA*	COBRA Disability**
Associate only	\$1,035.52	\$1,522.83
Associate + spouse/partner	\$2,164.22	\$3,182.67
Associate + child(ren)	\$1,926.03	\$2,832.39
Associate + family	\$3,065.09	\$4,507.49

HMO COBRA Plan

Kaiser California: North Kaiser California: South	Your monthly cost	
	COBRA*	COBRA Disability**
Associate only	\$693.59	\$1,019.99
Associate + spouse/partner	\$1,664.61	\$2,447.96
Associate + child(ren)	\$1,040.38	\$1,529.97
Associate + family	\$2,011.40	\$2,957.94

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Hawaii COBRA plans

Hawaii HMO COBRA plans

HMSA Hawaii	Your monthly cost	
	COBRA*	COBRA Disability**
Associate only	\$789.72	\$1,161.36
Associate + spouse/partner	\$1,895.55	\$2,787.57
Associate + child(ren)	\$1,184.73	\$1,742.25
Associate + family	\$2,290.47	\$3,368.34

Kaiser Hawaii	Your monthly cost	
	COBRA*	COBRA Disability**
Associate only	\$737.03	\$1,083.87
Associate + spouse/partner	\$1,768.87	\$2,601.29
Associate + child(ren)	\$1,105.55	\$1,625.81
Associate + family	\$2,137.39	\$3,143.22

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Dental and vision COBRA plans

Dental COBRA plan

Dental	Your monthly cost	
	COBRA*	COBRA Disability**
Associate only	\$18.39	\$27.05
Associate + spouse/partner	\$44.32	\$65.18
Associate + child(ren)	\$42.99	\$63.23
Associate + family	\$75.12	\$110.48

Vision COBRA plan

Vision	Your monthly cost	
	COBRA*	COBRA Disability**
Associate only	\$6.12	\$9.00
Associate + spouse/partner	\$12.23	\$17.99
Associate + child(ren)	\$12.23	\$17.99
Associate + family	\$18.31	\$26.93

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