



2024 COBRA benefits rates

Saver, Premier, and Contribution Plan COBRA rates

2024 COBRA rates	Your monthly cost					
	Premier Plan		Contribution Plan		Saver Plan	
	COBRA*	COBRA Disability**	COBRA*	COBRA Disability**	COBRA*	COBRA Disability**
Associate only	\$547.44	\$805.07	\$1,073.99	\$1,579.40	\$377.95	\$555.81
Associate + spouse/partner	\$1,313.85	\$1,932.14	\$2,577.58	\$3,790.56	\$907.09	\$1,333.95
Associate + child(ren)	\$821.16	\$1,207.59	\$1,610.99	\$2,369.10	\$566.93	\$833.72
Associate + family	\$1,587.58	\$2,334.68	\$3,114.58	\$4,580.27	\$1,096.06	\$1,611.86

Local COBRA plans available in select locations

Banner: Arizona	Your monthly cost	
	COBRA*	COBRA Disability**
Associate only	\$591.23	\$869.46
Associate + spouse/partner	\$1,418.96	\$2,086.71
Associate + child(ren)	\$886.85	\$1,304.19
Associate + family	\$1,714.58	\$2,521.44

Mercy Arkansas: NW Arkansas	Your monthly cost	
	COBRA*	COBRA Disability**
Associate only	\$1,073.99	\$1,579.40
Associate + spouse/partner	\$2,577.58	\$3,790.56
Associate + child(ren)	\$1,610.99	\$2,369.10
Associate + family	\$3,114.58	\$4,580.27

*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

Geisinger Extra Health Plan: Pennsylvania	Your monthly cost	
	COBRA*	COBRA Disability**
Associate only	\$781.15	\$1,148.75
Associate + spouse/partner	\$1,874.78	\$2,757.03
Associate + child(ren)	\$1,171.73	\$1,723.13
Associate + family	\$2,265.33	\$3,331.37

Geisinger Extra Health Plan: eastern region Pennsylvania	Your monthly cost	
	COBRA*	COBRA Disability**
Associate only	\$868.26	\$1,276.86
Associate + spouse/partner	\$2,083.78	\$3,064.38
Associate + child(ren)	\$1,302.37	\$1,915.25
Associate + family	\$2,517.94	\$3,702.86

Geisinger Health Plan: Pennsylvania	Your monthly cost	
	COBRA*	COBRA Disability**
Associate only	\$803.65	\$1,181.84
Associate + spouse/partner	\$1,928.79	\$2,836.46
Associate + child(ren)	\$1,205.48	\$1,772.76
Associate + family	\$2,330.59	\$3,427.34

Geisinger Health Plan: eastern region Pennsylvania	Your monthly cost	
	COBRA*	COBRA Disability**
Associate only	\$893.23	\$1,313.58
Associate + spouse/partner	\$2,143.70	\$3,152.51
Associate + child(ren)	\$1,339.82	\$1,970.33
Associate + family	\$2,590.36	\$3,809.36

Health Net ExcelCare High Option: California	Your monthly cost	
	COBRA*	COBRA Disability**
Associate only	\$814.60	\$1,197.95
Associate + spouse/partner	\$1,954.81	\$2,874.72
Associate + child(ren)	\$1,221.78	\$1,796.73
Associate + family	\$2,362.10	\$3,473.67

Health Net ExcelCare Low Option: California	Your monthly cost	
	COBRA*	COBRA Disability**
Associate only	\$646.71	\$951.05
Associate + spouse/partner	\$1,551.99	\$2,282.34
Associate + child(ren)	\$969.99	\$1,426.46
Associate + family	\$1875.29	\$2,757.78

Health Net Salud Y Mas: California	Your monthly cost	
	COBRA*	COBRA Disability**
Associate only	\$613.52	\$902.24
Associate + spouse/partner	\$1,472.48	\$2,165.42
Associate + child(ren)	\$920.33	\$1,353.42
Associate + family	\$1,779.25	\$2,616.54

Kaiser California High Option: North and South	Your monthly cost	
	COBRA*	COBRA Disability**
Associate only	\$642.21	\$944.43
Associate + spouse/partner	\$1,541.30	\$2,266.62
Associate + child(ren)	\$963.32	\$1,416.65
Associate + family	\$1,862.41	\$2,738.84

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HMO COBRA plans (cont.)

Kaiser California Low Option: North and South	Your monthly cost	
	COBRA*	COBRA Disability**
Associate only	\$589.66	\$867.15
Associate + spouse/partner	\$1,415.19	\$2,081.16
Associate + child(ren)	\$884.49	\$1,300.73
Associate + family	\$1,710.02	\$2,514.74

Kaiser of Colorado Low Option	Your monthly cost	
	COBRA*	COBRA Disability**
Associate only	\$734.46	\$1,080.09
Associate + spouse/partner	\$1,762.71	\$2,592.23
Associate + child(ren)	\$1,101.69	\$1,620.14
Associate + family	\$2,129.94	\$3,132.27

Kaiser of Georgia Low Option	Your monthly cost	
	COBRA*	COBRA Disability**
Associate only	\$645.02	\$948.56
Associate + spouse/partner	\$1,548.05	\$2,276.55
Associate + child(ren)	\$967.53	\$1,422.84
Associate + family	\$1,870.57	\$2,750.84

Kaiser of the Mid-Atlantic Low Option: Maryland Kaiser of the Mid-Atlantic Low Option: Virginia	Your monthly cost	
	COBRA*	COBRA Disability**
Associate only	\$637.73	\$937.85
Associate + spouse/partner	\$1,530.56	\$2,250.83
Associate + child(ren)	\$956.61	\$1,406.78
Associate + family	\$1,849.43	\$2,719.76

Kaiser of Oregon High Option	Your monthly cost	
	COBRA*	COBRA Disability**
Associate only	\$634.62	\$933.27
Associate + spouse/partner	\$1,523.09	\$2,239.85
Associate + child(ren)	\$951.94	\$1,399.91
Associate + family	\$1,840.41	\$2,706.48

Kaiser of Oregon Low Option	Your monthly cost	
	COBRA*	COBRA Disability**
Associate only	\$621.93	\$914.61
Associate + spouse/partner	\$1,492.63	\$2,195.04
Associate + child(ren)	\$932.89	\$1,371.90
Associate + family	\$1,803.59	\$2,652.35

Kaiser of Washington state	Your monthly cost	
	COBRA*	COBRA Disability**
Associate only	\$487.85	\$717.42
Associate + spouse/partner	\$1,170.88	\$1,721.88
Associate + child(ren)	\$731.82	\$1,076.21
Associate + family	\$1,414.80	\$2,080.59

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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	\$862.94	\$1,269.03
Associate + spouse/partner	\$1,803.51	\$2,652.23
Associate + child(ren)	\$1,605.02	\$2,360.33
Associate + family	\$2,554.08	\$3,756.00

HMO COBRA Plan

Kaiser California: North Kaiser California: South	Your monthly cost	
	COBRA*	COBRA Disability**
Associate only	\$642.21	\$944.43
Associate + spouse/partner	\$1,541.30	\$2,266.62
Associate + child(ren)	\$963.32	\$1,416.65
Associate + family	\$1,862.41	\$2,738.84

Hawaii COBRA plans

Hawaii HMO COBRA plans

HMSA Hawaii	Your monthly cost	
	COBRA*	COBRA Disability**
Associate only	\$760.68	\$1,118.64
Associate + spouse/partner	\$1,825.80	\$2,685.00
Associate + child(ren)	\$1,141.16	\$1,678.17
Associate + family	\$2,206.20	\$3,244.41

Kaiser Hawaii	Your monthly cost	
	COBRA*	COBRA Disability**
Associate only	\$688.82	\$1,012.97
Associate + spouse/partner	\$1,653.17	\$2,431.13
Associate + child(ren)	\$1,033.23	\$1,519.46
Associate + family	\$1,997.58	\$2,937.62

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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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