2025 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.taxsaverplan.com.

2025 Monthly Rates (includes 2% administration fee)

Monthly Rates					
Option	Individual Only	Two Adults	One Adult & Child(ren)	Family	Children Only
Medical					
CDHP	\$827.52	\$2023.54	\$1589.54	\$2717.92	\$1,589.54
PPO	\$911.70	\$2188.01	\$1732.16	\$2917.33	\$1732.16
EAP					
Employee Assistance Program	\$1.77	\$1.77	\$1.77	\$1.77	\$1.77
Dental					
Delta Dental High Plan	\$38.00	\$78.22	\$75.15	\$116.76	\$75.15
Delta Dental Low Plan	\$26.17	\$53.90	\$53.26	\$82.20	\$53.26
Vision					
Vision Service Plan	\$12.61	\$26.50	\$26.50	\$26.50	\$26.50