# 2025 U.S. COBRA RATES



### **MEDICAL OPTIONS**

Coverage begins retroactively on the date your employment and active benefits coverage ends.

| Monthly<br>COBRA Rates               | BCBS & Cigna<br>Plan Rates |                 |            | Employees<br>earning no more<br>than \$60,000 |
|--------------------------------------|----------------------------|-----------------|------------|---|
|                                      | \$3750<br>(HSA)            | \$2250<br>(HSA) | \$1250     | \$500   |
| Employee                             | \$648.90                   | \$701.73        | \$740.42   | \$820.37                                      |
| EE +Spouse/DP                        | \$1,460.01                 | \$1,578.90      | \$1,665.93 | \$1,845.83                                    |
| EE + Child(ren)                      | \$1,168.01                 | \$1,263.11      | \$1,332.74 | \$1,476.65                                    |
| Family                               | \$1,979.14                 | \$2,140.29      | \$2,258.78 | \$2,502.14                                    |
|                                      |                            |                 |            |   |
| Kaiser (Select Locations) Plan Rates |                            |                 |            |   |
|                                      | \$3750<br>(HSA)            | \$2250<br>(HSA) | \$1250     |   |
| Employee                             | \$500.77                   | \$553.16        | \$636.92   |   |
| EE + Spouse/DP                       | \$1,201.87                 | \$1,327.59      | \$1,528.61 |   |
| EE + Child(ren)                      | \$901.40                   | \$995.69        | \$1,146.45 |   |

#### **DENTAL PLAN**

\$1,770.11

\$2,038.15

Coverage begins retroactively on the date your employment and active benefits coverage ends.

\$1,602.50

**Family** 

| Monthly COBRA Rates                | Standard | Enhanced |
|------------------------------------|----------|----------|
| Employee                           | \$38.45  | \$75.59  |
| Employee + Spouse/Domestic Partner | \$76.88  | \$151.18 |
| Employee + Children                | \$80.75  | \$158.75 |
| Employee + Family                  | \$115.35 | \$226.76 |

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#### **VISION CARE PROGRAM**

Coverage begins retroactively on the date your employment and active benefits coverage ends.

| Monthly COBRA Rates                | Standard | Enhanced |
|------------------------------------|----------|----------|
| Employee                           | \$5.78   | \$9.20   |
| Employee + Spouse/Domestic Partner | \$11.57  | \$18.40  |
| Employee + Children                | \$12.37  | \$19.69  |
| Employee + Family                  | \$19.78  | \$31.46  |

| CONTACT INFORMATION            |  |  |
|--------------------------------|--|--|
| Accounts: HSA, and/or FSA      | Aptia 365 Reimbursement Services<br>PH: 866-268-0142<br>MON - FRI 8am to 9pm EST<br>Website: yourflexbenefits.aptia365.com                       |  |
| Benefit<br>Services<br>(COBRA) | Aptia 365 Continuation of Benefits Services PH: 866-268-0142 MON - FRI 8 am to 9 pm EST Fax: 844-890-9653 Website: yourflexbenefits.aptia365.com |  |

For greater details regarding all benefits, please go to <u>benefits.motorolasolutions.com</u> or https://yourflexbenefits.aptia365.com/aptia/client-resources

This summary represents general information regarding the Plans and policy provisions available at Motorola Solutions. You should not rely on this information other than as a general summary of the features of the Plans or policies. In the event of any difference between the terms of this Summary and the Plan documents or policies, the terms of the Plan documents or policies shall control.