

ARKANSAS STATE COBRA PARTICIPANT PREMIUMS

RATES EFFECTIVE JANUARY 1, 2025 - DECEMBER 31, 2025

PLAN	TOTAL MONTHLY PREMIUM
PREMIUM	
EMPLOYEE ONLY	\$582.87
EMPLOYEE & SPOUSE	\$1,457.18
EMPLOYEE & CHILD(REN)	\$1,107.45
EMPLOYEE & FAMILY	\$1,981.75
CLASSIC	
EMPLOYEE ONLY	\$506.74
EMPLOYEE & SPOUSE	\$1,266.84
EMPLOYEE & CHILD(REN)	\$962.79
EMPLOYEE & FAMILY	\$1,722.89
BASIC	
EMPLOYEE ONLY	\$447.24
EMPLOYEE & SPOUSE	\$1,118.10
EMPLOYEE & CHILD(REN)	\$849.76
EMPLOYEE & FAMILY	\$1,520.63
The Basic Plan meets the minimum essential coverage required under A.C.A.	