



ARKANSAS STATE COBRA PARTICIPANT PREMIUMS

RATES EFFECTIVE JANUARY 1, 2024 – DECEMBER 31, 2024

PLAN	TOTAL MONTHLY PREMIUM
PREMIUM	
EMPLOYEE ONLY	\$574.68
EMPLOYEE & SPOUSE	\$1,436.69
EMPLOYEE & CHILD(REN)	\$1,091.89
EMPLOYEE & FAMILY	\$1,953.90
CLASSIC	
EMPLOYEE ONLY	\$499.71
EMPLOYEE & SPOUSE	\$1,249.01
EMPLOYEE & CHILD(REN)	\$949.25
EMPLOYEE & FAMILY	\$1,698.67
BASIC	
EMPLOYEE ONLY	\$440.95
EMPLOYEE & SPOUSE	\$1,102.39
EMPLOYEE & CHILD(REN)	\$837.81
EMPLOYEE & FAMILY	\$1,499.24
The Basic Plan meets the minimum essential coverage required under A.C.A.	