

FY22 COBRA Monthly Rates

Health

Coverage Level	Washington	Lincoln	Jefferson	Roosevelt
Member Only	\$ 561.04	\$ 591.12	\$ 657.73	\$ 682.71
Member + Child(ren)	\$ 869.77	\$ 602.15	\$ 1,010.47	\$ 1,048.85
Member + Spouse	\$ 1,224.51	\$ 1,278.53	\$ 1,422.59	\$ 1,476.61
Family	\$ 1,525.79	\$ 1,593.10	\$ 1,772.60	\$ 1,839.92

These include the 2% COBRA administration fee and are based on the budget developed rates.

Dental

Coverage Level	Base Dental Plan	hanced Dental Plan
Member Only	\$ 33.05	\$ 53.39
Member + Child(ren)	\$ 72.24	\$ 108.69
Member + Spouse	\$ 65.99	\$ 106.59
Family	\$ 105.18	\$ 161.91

Vision

Coverage Level	
Member Only	\$ 7.22
Member + Child(ren)	\$ 12.24
Member + Spouse	\$ 14.46
Family	\$ 20.20