

FY24 COBRA monthly rates

Health

Coverage Level	Washington	Lincoln	Jefferson	Roosevelt
Member Only	\$ 638.58	\$ 678.07	\$ 766.01	\$ 840.72
Member + Spouse	\$ 1,381.16	\$ 1,466.58	\$ 1,656.40	\$ 1,808.50
Member + Child(ren)	\$ 981.05	\$ 1,176.86	\$ 1,176.86	\$ 1,291.50
Member + Family	\$ 1,720.98	\$ 1,827.41	\$ 2,063.88	\$ 2,265.40

Dental

Coverage Level	Base Dental Plan	Enhanced Dental Plan
Member Only	\$ 37.47	\$ 60.55
Member + Spouse	\$ 74.85	\$ 120.87
Member + Child(ren)	\$ 81.90	\$ 123.26
Member + Family	\$ 119.28	\$ 183.62

Vision

Coverage Level	
Member Only	\$ 6.51
Member + Spouse	\$ 13.02
Member + Child(ren)	\$ 11.02
Member + Family	\$ 18.18