

FY25 COBRA monthly rates

Health

| Coverage Level | Washington | Lincoln | Jefferson | Roosevelt |
|---------------------|-------------|-------------|-------------|-------------|
| Member Only | \$ 683.28 | \$ 725.53 | \$ 847.76 | \$ 923.75 |
| Member + Spouse | \$ 1,477.84 | \$ 1,569.24 | \$ 1,813.41 | \$ 1,983.03 |
| Member + Child(ren) | \$ 1,049.72 | \$ 1,114.64 | \$ 1,303.68 | \$ 1,424.31 |
| Member + Family | \$ 1,841.45 | \$ 1,955.33 | \$ 2,256.73 | \$ 2,741.23 |

Dental

| Coverage Level | Base Dental Plan | Enhanced Dental Plan |
|---------------------|------------------|----------------------|
| Member Only | \$ 39.72 | \$ 63.59 |
| Member + Spouse | \$ 79.34 | \$ 126.93 |
| Member + Child(ren) | \$ 86.82 | \$ 129.42 |
| Member + Family | \$ 126.44 | \$ 192.80 |

Vision

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