

## FY23 COBRA monthly rates

### Health

Coverage Level	Washington	Lincoln	Jefferson	Roosevelt
Member Only	\$ 555.04	\$ 579.53	\$ 644.83	\$ 669.32
Member + Child(ren)	\$ 857.72	\$ 890.34	\$ 990.66	\$ 1,028.28
Member + Spouse	\$ 1,200.50	\$ 1,253.46	\$ 1,394.70	\$ 1,447.66
Family	\$ 1,495.87	\$ 1,561.86	\$ 1,737.84	\$ 1,803.84

### Dental

Coverage Level	Base Dental Plan	hanced Dental Plan
Member Only	\$ 34.05	\$ 54.96
Member + Child(ren)	\$ 74.36	\$ 111.88
Member + Spouse	\$ 67.94	\$ 109.72
Family	\$ 108.28	\$ 166.68

### Vision

Coverage Level	
Member Only	\$ 7.08
Member + Child(ren)	\$ 12.00
Member + Spouse	\$ 14.18
Family	\$ 19.80