

FY23 COBRA monthly rates

Health

Coverage Level	Washington	Lincoln	Jefferson	Roosevelt
Member Only	\$ 561.04	\$ 591.12	\$ 657.73	\$ 682.71
Member + Spouse	\$ 1,224.51	\$ 1,278.53	\$ 1,422.59	\$ 1,476.61
Member + Child(ren)	\$ 869.77	\$ 908.14	\$ 1,010.47	\$ 1,048.85
Member + Family	\$ 1,528.85	\$ 1,593.10	\$ 1,772.59	\$ 1,839.92

Dental

Coverage Level	Base Dental Plan	Enhanced Dental Plan
Member Only	\$ 34.70	\$ 56.06
Member + Spouse	\$ 69.30	\$ 111.91
Member + Child(ren)	\$ 75.85	\$ 114.12
Member + Family	\$ 110.45	\$ 170.01

Vision

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