

FY22 COBRA monthly rates

Health

Coverage Level	Washington	Lincoln	Jefferson	Roosevelt
Member Only	\$ 550.04	\$ 579.53	\$ 644.83	\$ 669.32
Member + Child(ren)	\$ 852.72	\$ 890.34	\$ 990.66	\$ 1,028.28
Member + Spouse	\$ 1,200.50	\$ 1,253.46	\$ 1,394.70	\$ 1,447.66
Family	\$ 1,498.87	\$ 1,561.86	\$ 1,737.84	\$ 1,803.84

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