

FY27 COBRA monthly rates

Health

Coverage Level	Washington	Lincoln	Jefferson	Roosevelt
Member Only	\$ 662.39	\$ 703.36	\$ 817.82	\$ 891.22
Member + Spouse	\$ 1,432.67	\$ 1,521.27	\$ 1,749.37	\$ 1,913.19
Member + Child(ren)	\$ 1,017.63	\$ 1,080.57	\$ 1,257.64	\$ 1,374.15
Member + Family	\$ 1,786.16	\$ 1,895.56	\$ 2,177.03	\$ 2,644.69

Dental

Coverage Level	Base Dental Plan	Enhanced Dental Plan
Member Only	\$ 44.21	\$ 70.77
Member + Spouse	\$ 88.31	\$ 141.29
Member + Child(ren)	\$ 96.63	\$ 144.04
Member + Family	\$ 140.74	\$ 214.59

Vision

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