



2024 Lubrizol COBRA Contributions – LTD Employees

Medical COBRA Monthly Contributions

	Lubrizol Core	Lubrizol Standard	Lubrizol Plus	Lubrizol OOA	BCBS HSA 3000
Coverage Level	Your Contribution	Your Contribution	Your Contribution	Your Contribution	Your Contribution
Single	\$ 0.00	\$ 67.17	\$ 160.59	\$ 67.17	\$ 56.13
Single + One	\$ 36.83	\$ 186.33	\$ 382.07	\$ 186.33	\$ 170.63
Family	\$ 54.17	\$ 264.33	\$ 548.77	\$ 264.33	\$ 208.80

Dental and Vision COBRA Monthly Contributions

	Comprehensive	Network PPO	EyeMed Vision
Coverage Level	Your Contribution	Your Contribution	Your Contribution
Single	\$ 17.02	\$ 7.27	\$ 8.12
Single + One	\$ 34.04	\$ 16.97	\$ 14.21
Family	\$ 48.63	\$ 31.52	\$ 22.23

Lubrizol *Essentials* Balance Program

	EAP
Coverage Level	Your Contribution
Single	\$ 1.94

All contributions are post-tax