



## 2021 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	\$ 143.00	\$ 67.17	\$ 54.17
Single + One	\$ 36.83	\$ 186.33	\$ 355.33	\$ 186.33	\$ 164.66
Family	\$ 54.17	\$ 264.33	\$ 509.17	\$ 264.33	\$ 201.50

### Dental and Vision COBRA Monthly Contributions

	Comprehensive	Network PPO	EyeMed Vision
Coverage Level	Your Contribution	Your Contribution	Your Contribution
Single	\$ 15.17	\$ 6.50	\$ 8.67
Single + One	\$ 30.33	\$ 15.17	\$ 15.17
Family	\$ 43.33	\$ 28.17	\$ 23.83

### Lubrizol *Essentials* Balance Program

	EAP
Coverage Level	Your Contribution
Single	\$ 1.55

All contributions are post-tax