



## 2024 Lubrizol COBRA Contributions

### 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	\$ 556.89	\$ 586.00	\$ 658.10	\$ 586.00	\$ 582.58
Single + One	\$ 1,197.30	\$ 1,259.87	\$ 1,414.88	\$ 1,259.87	\$ 1,398.21
Family	\$ 1,715.18	\$ 1,804.84	\$ 2,026.90	\$ 1,804.84	\$ 1,747.76

### Dental and Vision COBRA Monthly Contributions

	Comprehensive	Network PPO	EyeMed Vision
Coverage Level	Your Contribution	Your Contribution	Your Contribution
Single	\$ 36.86	\$ 23.05	\$ 8.28
Single + One	\$ 77.49	\$ 47.79	\$ 14.49
Family	\$ 124.27	\$ 94.07	\$ 22.67

### Lubrizol *Essentials* Balance Program

	EAP
Coverage Level	Your Contribution
Single	\$ 1.94

Note: COBRA participants do not receive an employer contribution to the Health Savings Account for the CDHP plans.