



2025 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	\$ 586.81	\$ 616.59	\$ 692.44	\$ 616.59	\$ 650.68
Single + One	\$ 1,261.63	\$ 1,325.61	\$ 1,488.70	\$ 1,325.61	\$ 1,561.64
Family	\$ 1,807.34	\$ 1,889.03	\$ 2,132.65	\$ 1,889.03	\$ 1,952.06

Dental and Vision COBRA Monthly Contributions

	Comprehensive	Network PPO	EyeMed Vision
Coverage Level	Your Contribution	Your Contribution	Your Contribution
Single	\$ 38.65	\$ 24.18	\$ 8.28
Single + One	\$ 81.25	\$ 50.12	\$ 14.49
Family	\$ 130.29	\$ 98.67	\$ 22.67

Lubrizol *Essentials* Balance Program

	EAP
Coverage Level	Your Contribution
Single	\$ 1.99

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