



2025 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	\$ 5.20	\$ 67.17	\$ 169.90	\$ 67.17	\$ 62.69
Single + One	\$ 51.08	\$ 186.33	\$ 405.14	\$ 186.33	\$ 190.57
Family	\$ 73.00	\$ 264.33	\$ 580.23	\$ 264.33	\$ 233.21

Dental and Vision COBRA Monthly Contributions

	Comprehensive	Network PPO	EyeMed Vision
Coverage Level	Your Contribution	Your Contribution	Your Contribution
Single	\$ 17.84	\$ 7.63	\$ 8.12
Single + One	\$ 35.69	\$ 17.80	\$ 14.21
Family	\$ 50.99	\$ 33.06	\$ 22.23

Lubrizol *Essentials* Balance Program

	EAP
Coverage Level	Your Contribution
Single	\$ 1.99

All contributions are post-tax