

Schaeffler COBRA Rates 2025

Connecticut

Medical

	Plan 1	CDHP
Coverage tier	Monthly	
Beneficiary only	\$1,173.50	\$750.38
Beneficiary + spouse	\$2,487.08	\$1,571.30
Beneficiary + child(ren)	\$2,294.22	\$1,357.83
Family	\$3,515.02	\$2,284.56

Dental

	Plan 1	Plan 2
Coverage tier	Monthly	
Beneficiary only	\$37.63	\$29.42
Beneficiary + spouse	\$75.25	\$58.82
Beneficiary + child(ren)	\$82.77	\$64.71
Family	\$120.40	\$94.12

Vision

Coverage tier	Monthly
Beneficiary only	\$5.08
Beneficiary + spouse	\$10.92
Beneficiary + child(ren)	\$8.23
Family	\$14.97

Lyra

Coverage tier	Monthly
Beneficiary only	\$9.09
Beneficiary + spouse	\$18.18
Beneficiary + child(ren)	\$13.64
Family	\$22.73



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