

**PARKWAY
COBRA/LEAVE OF ABSENCE/SURVIVING DEPENDENTS
HEALTH INSURANCE RATES
MONTHLY RATES**

PARKWAY UHC BASE PLAN

	1/1/2021
INDIVIDUAL	690.23
IND/SPOUSE	1,216.14
IND/SPOUSE/1 CHILD	1,473.81
IND/SPOUSE/2+ CHILD	1,752.74
IND/1 CHILD	947.79
IND/2+ CHILDREN	1,216.14

PARKWAY UHC PREMIUM PLAN

	1/1/2021
INDIVIDUAL	786.37
IND/SPOUSE	1,461.91
IND/SPOUSE/1 CHILD	1,826.44
IND/SPOUSE/2+ CHILD	2,148.13
IND/1 CHILD	1,150.79
IND/2+ CHILDREN	1,483.27

PARKWAY UHC HIGH DEDUCTIBLE PLAN

	1/1/2021
INDIVIDUAL	570.23
IND/SPOUSE	969.85
IND/SPOUSE/1 CHILD	1,230.05
IND/SPOUSE/2+ CHILD	1,479.47
IND/1 CHILD	769.65
IND/2+ CHILDREN	989.85

PARKWAY ANTHEM BCBS MEDICARE SUPPLEMENTAL PLAN (AGE 65+ or Medicare Eligible)

	1/1/2021
INDIVIDUAL	495.09
IND/SPOUSE	990.18

PARKWAY AETNA ADVANTRA HMO MEDICARE PLAN (AGE 65+ or Medicare Eligible)

	1/1/2021
INDIVIDUAL	298.32
IND/SPOUSE	596.64

DELTA DENTAL

	1/1/2021
INDIVIDUAL	49.82
IND/SPOUSE	87.38
IND/SPOUSE/1+ CHILD	145.58
IND/1+ CHILD	107.95

ASSURANT/SUNLIFE DENTAL*

	1/1/2021
INDIVIDUAL	14.55
IND/1 DEPENDENT	23.45
IND/2+ DEPENDENT	35.91

***NOT ACCEPTING ANY NEW ENROLLEES**

EYE MED VISION

	5/1/2020
INDIVIDUAL	5.20
IND/1 DEPENDENT	9.34
IND/2+ DEPENDENT	13.20