

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

PARKWAY UHC BASE PLAN

	1/1/2020	5/1/2020
INDIVIDUAL	697.20	690.23
IND/SPOUSE	1,225.84	1,216.14
IND/SPOUSE/1 CHILD	1,484.93	1,473.81
IND/SPOUSE/2+ CHILD	1,765.16	1,752.74
IND/1 CHILD	956.07	947.79
IND/2+ CHILDREN	1,225.84	1,216.14

PARKWAY UHC HIGH DEDUCTIBLE PLAN

	1/1/2020	5/1/2020
INDIVIDUAL	577.20	570.23
IND/SPOUSE	979.54	969.85
IND/SPOUSE/1 CHILD	1,241.16	1,230.05
IND/SPOUSE/2+ CHILD	1,491.89	1,479.47
IND/1 CHILD	777.93	769.65
IND/2+ CHILDREN	999.54	989.85

PARKWAY UHC PREMIUM PLAN

	1/1/2020	5/1/2020
INDIVIDUAL	793.34	786.37
IND/SPOUSE	1,471.60	1,461.91
IND/SPOUSE/1 CHILD	1,837.55	1,826.44
IND/SPOUSE/2+ CHILD	2,160.55	2,148.13
IND/1 CHILD	1,159.07	1,150.79
IND/2+ CHILDREN	1,492.97	1,483.27

DELTA DENTAL

	1/1/2020	5/1/2020
INDIVIDUAL	50.32	49.82
IND/SPOUSE	88.08	87.38
IND/SPOUSE/1+ CHILD	146.58	145.57
IND/1+ CHILD	108.76	107.95

ASSURANT/SUNLIFE DENTAL

	1/1/2020	5/1/2020
INDIVIDUAL	14.55	14.55
IND/1 DEPENDENT	23.45	23.45
IND/2+ DEPENDENT	35.91	35.91

***NOT ACCEPTING ANY NEW ENROLLEES**

EYE MED VISION

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

