

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

PARKWAY UHC BASE PLAN

	1/1/2019	1/1/2020
INDIVIDUAL	697.20	697.20
IND/SPOUSE	1,225.84	1,225.84
IND/SPOUSE/1 CHILD	1,484.93	1,484.93
IND/SPOUSE/2+ CHILD	1,765.16	1,765.16
IND/1 CHILD	956.07	956.07
IND/2+ CHILDREN	1,225.84	1,225.84

PARKWAY UHC PREMIUM PLAN

	1/1/2019	1/1/2020
INDIVIDUAL	793.34	793.34
IND/SPOUSE	1,471.60	1,471.60
IND/SPOUSE/1 CHILD	1,837.55	1,837.55
IND/SPOUSE/2+ CHILD	2,160.55	2,160.55
IND/1 CHILD	1,159.07	1,159.07
IND/2+ CHILDREN	1,492.97	1,492.97

PARKWAY UHC HIGH DEDUCTIBLE PLAN

	1/1/2019	1/1/2020
INDIVIDUAL	577.20	577.20
IND/SPOUSE	979.54	979.54
IND/SPOUSE/1 CHILD	1,241.16	1,241.16
IND/SPOUSE/2+ CHILD	1,491.89	1,491.89
IND/1 CHILD	777.93	777.93
IND/2+ CHILDREN	999.54	999.54

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

	1/1/2019	1/1/2020
INDIVIDUAL	490.18	495.09
IND/SPOUSE	980.36	990.18

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

	1/1/2019	1/1/2020
INDIVIDUAL	295.00	318.16
IND/SPOUSE	590.00	636.32

DELTA DENTAL

	1/1/2019	1/1/2020
INDIVIDUAL	50.32	50.32
IND/SPOUSE	88.08	88.08
IND/SPOUSE/1+ CHILD	146.58	146.58
IND/1+ CHILD	108.76	108.76

ASSURANT/SUNLIFE DENTAL*

	1/1/2019	1/1/2020
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

	1/1/2019	1/1/2020
INDIVIDUAL	5.20	5.20
IND/1 DEPENDENT	9.34	9.34
IND/2+ DEPENDENT	13.20	13.20