

**PARKWAY
COBRA/LEAVE OF ABSENCE/SURVIVING DEPENDENTS
HEALTH INSURANCE RATES
MONTHLY RATES - 2024**

PARKWAY UHC BASE PLAN

	1/1/2024
INDIVIDUAL	707.48
IND/SPOUSE	1,246.54
IND/SPOUSE/1 CHILD	1,510.66
IND/SPOUSE/2+ CHILD	1,796.56
IND/1 CHILD	971.48
IND/2+ CHILDREN	1,246.54

DELTA DENTAL

	1/1/2024
INDIVIDUAL	50.32
IND/SPOUSE	88.08
IND/SPOUSE/1+ CHILD	146.58
IND/1+ CHILD	108.76

PARKWAY UHC PREMIUM PLAN

	1/1/2024
INDIVIDUAL	841.42
IND/SPOUSE	1,564.24
IND/SPOUSE/1 CHILD	1,954.28
IND/SPOUSE/2+ CHILD	2,298.50
IND/1 CHILD	1,231.34
IND/2+ CHILDREN	1,587.10

EYE MED VISION

	1/1/2024
INDIVIDUAL	5.38
IND/1 DEPENDENT	9.64
IND/2+ DEPENDENT	13.62

PARKWAY UHC HIGH DEDUCTIBLE PLAN

	1/1/2024
INDIVIDUAL	587.48
IND/SPOUSE	990.26
IND/SPOUSE/1 CHILD	1,245.32
IND/SPOUSE/2+ CHILD	1,511.28
IND/1 CHILD	791.24
IND/2+CHILD	1,010.76

ASSURANT/SUNLIFE DENTAL*

	1/1/2024
INDIVIDUAL	14.55
IND/1 DEPENDENT	23.45
IND/2+ DEPENDENT	35.91

NOT ACCEPTING ANY NEW ENROLLEES