

**PARKWAY  
 RETIREE/COBRA HEALTH INSURANCE RATES  
 NOT ELIGIBLE FOR MEDICARE  
 MONTHLY RATES STARTING 1/1/2022**

| <b>PARKWAY UHC BASE PLAN</b> | <b>1/1/2021</b> | <b>1/1/2022</b> |
|------------------------------|-----------------|-----------------|
| EMPLOYEE                     | 690.23          | 707.48          |
| EMP/SPOUSE                   | 1,216.14        | 1,246.54        |
| EMP/SPOUSE/1CHILD            | 1,473.81        | 1,510.66        |
| EMP/SPOUSE/2+ CHILDREN       | 1,752.74        | 1,796.56        |
| EMP/1 CHILD                  | 947.79          | 971.48          |
| EMP/2+ CHILDREN              | 1,216.14        | 1,246.54        |

| <b>PARKWAY UHC PREMIUM PLAN</b> | <b>1/1/2021</b> | <b>1/1/2022</b> |
|---------------------------------|-----------------|-----------------|
| EMPLOYEE                        | 786.37          | 841.42          |
| EMP/SPOUSE                      | 1,461.91        | 1,564.24        |
| EMP/SPOUSE/1CHILD               | 1,826.44        | 1,954.28        |
| EMP/SPOUSE/2+ CHILDREN          | 2,148.13        | 2,298.50        |
| EMP/1 CHILD                     | 1,150.79        | 1,231.34        |
| EMP/2+ CHILDREN                 | 1,483.27        | 1,587.10        |

| <b>PARKWAY UHC HIGH DEDUCTIBLE PLAN</b> | <b>1/1/2021</b> | <b>1/1/2022</b> |
|---|-----------------|-----------------|
| EMPLOYEE                                | 570.23          | 587.48          |
| EMP/SPOUSE                              | 969.85          | 990.26          |
| EMP/SPOUSE/1CHILD                       | 1,230.05        | 1,245.32        |
| EMP/SPOUSE/2+ CHILDREN                  | 1,479.47        | 1,511.28        |
| EMP/1 CHILD                             | 769.65          | 791.24          |
| EMP/2+ CHILDREN                         | 989.85          | 1,010.76        |

| <b>DELTA DENTAL RATES</b> | <b>1/1/2021</b> | <b>1/1/2022</b> |
|---------------------------|-----------------|-----------------|
| INDIVIDUAL                | 49.82           | 50.32           |
| IND/SPOUSE                | 87.38           | 88.08           |
| IND/SPOUSE/1+ CHILD       | 145.58          | 146.58          |
| IND/1+ CHILD              | 107.95          | 108.76          |

|                  | <b>ASSURANT DENTAL NOW KNOWN AS<br/>SUN LIFE DENTAL*</b> |                 |
|------------------|--|-----------------|
|                  | <b>1/1/2021</b>  | <b>1/1/2022</b> |
| INDIVIDUAL       | 14.55  | 14.55           |
| IND/1 DEPENDENT  | 23.45  | 23.45           |
| IND/2+ DEPENDENT | 35.91  | 35.91           |

**\*NOT ACCEPTING ANY NEW ENROLLEES**

| <b>EYE MED VISION RATES</b> | <b>1/1/2021</b> | <b>1/1/2022</b> |
|-----------------------------|-----------------|-----------------|
| INDIVIDUAL                  | 5.20            | 5.38            |
| IND/1 DEPENDENT             | 9.34            | 9.64            |
| IND/2+ DEPENDENT            | 13.20           | 13.62           |