PARKWAY
RETIREE/COBRA HEALTH INSURANCE RATES
DELTA DENTAL AND EYEMED VISION ONLY
MONTHLY RATES STARTING 1/1/2025

DELTA DENTAL RATES	1/1/2024	1/1/2025
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**

EYE MED VISION RATES	1/1/2024	1/1/2025
INDIVIDUAL	5.38	**5.38**
IND/1 DEPENDENT	9.64	**9.64**
IND/2+ DEPENDENT	13.62	**13.62**

ASSURANT/SUNLIFE DENTAL*	1/1/2024	1/1/2025
INDIVIDUAL	14.55	**14.55**
IND/1 DEPENDENT	23.45	**23.45**
IND/2+ DEPENDENT	35.91	**35.91**

*NOT ACCEPTING ANY NEW ENROLLEES