



2019 COBRA

FlexPlan Monthly Rate Sheet

January 1, 2019 - December 31, 2019

BENEFIT	COVERAGE LEVEL	PARTICIPANT ONLY	PARTICIPANT & FAMILY
Delta Dental Plans	DeltaCare USA Standard DHMO	\$8.07	\$20.54
	DeltaCare USA High DHMO	\$13.58	\$34.66
	Delta Dental PPO Standard	\$17.58	\$53.96
	Delta Dental PPO High	\$41.44	\$123.91
UnitedHealthcare Dental Plans	Solstice Access+ Standard DHMO	\$8.50	\$21.62
	Solstice Access+ High DHMO	\$11.08	\$28.25
	UHC PPO Standard	\$18.51	\$56.79
	UHC PPO High	\$37.90	\$113.31
UnitedHealthcare Vision Plan	—	\$5.41	\$13.53