

**STATE OF UTAH Bi-weekly Rates  
JULY 2018 - JUNE 2019**

<b>BI-WEEKLY MEDICAL CONTRIBUTIONS</b>					<b>BI-WEEKLY DENTAL CONTRIBUTIONS</b>			
<b>STAR</b>	<u>Employer</u>	<u>Employer</u>	<u>Employee</u>	<u>Total</u>	<b>TRADITIONAL DENTAL</b>	<u>Employer</u>	<u>Employee</u>	<u>Total</u>
<b>SUMMIT / ADVANTAGE</b>		<b>HSA</b>						
SINGLE	\$ 204.17	\$ 30.46	\$ -	\$ 234.63	SINGLE	\$ 11.85	\$ 2.39	\$ 14.24
DOUBLE	\$ 422.84	\$ 60.92	\$ -	\$ 483.76	DOUBLE	\$ 22.01	\$ 4.42	\$ 26.43
FAMILY	\$ 584.90	\$ 60.92	\$ -	\$ 645.82	FAMILY	\$ 40.08	\$ 8.06	\$ 48.14
<b>PREFERRED CARE</b>					<b>PREFERRED CHOICE</b>			
SINGLE	\$ 204.17	\$ 30.46	\$ 64.14	\$ 298.77	SINGLE	\$ 11.85	\$ 1.32	\$ 13.17
DOUBLE	\$ 422.84	\$ 60.92	\$ 132.87	\$ 616.63	DOUBLE	\$ 22.01	\$ 2.45	\$ 24.46
FAMILY	\$ 584.90	\$ 60.92	\$ 184.09	\$ 829.91	FAMILY	\$ 40.07	\$ 4.45	\$ 44.52
<b>TRADITIONAL</b>	<u>Employer</u>		<u>Employee</u>	<u>Total</u>	<b>REGENCE EXPRESSIONS</b>			
<b>SUMMIT / ADVANTAGE</b>								
SINGLE	\$ 239.20	\$ -	\$ 21.50	\$ 260.70	SINGLE	\$ 12.22	\$ 9.86	\$ 22.08
DOUBLE	\$ 493.19	\$ -	\$ 44.33	\$ 537.52	DOUBLE	\$ 22.69	\$ 17.39	\$ 40.08
FAMILY	\$ 658.40	\$ -	\$ 59.18	\$ 717.58	FAMILY	\$ 41.31	\$ 30.85	\$ 72.16
<b>PREFERRED CARE</b>					<b>BI-WEEKLY VISION CONTRIBUTIONS</b>			
SINGLE	\$ 234.63	\$ -	\$ 108.47	\$ 343.10	<b>EyeMed Full</b>	<u>Employer</u>	<u>Employee</u>	<u>Total</u>
DOUBLE	\$ 483.77	\$ -	\$ 223.68	\$ 707.45	SINGLE	\$ -	\$ 3.40	\$ 3.40
FAMILY	\$ 645.83	\$ -	\$ 298.58	\$ 944.41	DOUBLE	\$ -	\$ 5.56	\$ 5.56
<b>UTAH BASIC PLUS</b>	<u>Employer</u>		<u>Employee</u>	<u>Total</u>	FAMILY	\$ -	\$ 7.71	\$ 7.71
<b>SUMMIT / ADVANTAGE</b>					<b>EyeMed Eyewear Only</b>			
SINGLE	\$ 164.45	\$ 70.18	\$ -	\$ 234.63	SINGLE	\$ -	\$ 2.94	\$ 2.94
DOUBLE	\$ 343.40	\$ 140.37	\$ -	\$ 483.77	DOUBLE	\$ -	\$ 4.67	\$ 4.67
FAMILY	\$ 505.46	\$ 140.37	\$ -	\$ 645.83	FAMILY	\$ -	\$ 6.40	\$ 6.40
<b>PREFERRED CARE</b>					<b>OptiCare Full</b>	<u>Employer</u>	<u>Employee</u>	<u>Total</u>
SINGLE	\$ 164.44	\$ 70.18	\$ 51.07	\$ 285.69	SINGLE	\$ -	\$ 3.83	\$ 3.83
DOUBLE	\$ 343.40	\$ 140.37	\$ 106.72	\$ 590.49	DOUBLE	\$ -	\$ 6.10	\$ 6.10
FAMILY	\$ 505.46	\$ 140.37	\$ 157.95	\$ 803.78	FAMILY	\$ -	\$ 9.04	\$ 9.04
					<b>OptiCare Eyewear Only</b>			
					SINGLE	\$ -	\$ 2.94	\$ 2.94
					DOUBLE	\$ -	\$ 4.46	\$ 4.46
					FAMILY	\$ -	\$ 6.29	\$ 6.29