

State of Utah Early Retirement Rates

Monthly Rates Effective July 1, 2016 - June 30, 2017

State Early Retiree rates <u>1st 18 months</u>				State Early Retiree rates <u>after 18 months</u>			
Type of Coverage	Retiree Share**	State Share	Total	Type of Coverage	Retiree Share**	State Share	Total
Traditional Plan -- Advantage or Summit Network				Traditional Plan -- Advantage or Summit Network			
Single	52.11	468.98	521.09	Single	66.41	597.73	664.14
Double	107.44	966.98	1,074.42	Double	136.94	1,232.42	1,369.36
Family	143.44	1,290.92	1,434.35	Family	182.81	1,645.29	1,828.10
Traditional Plan -- Preferred Network				Traditional Plan -- Preferred Network			
Single	216.82	468.98	685.80	Single	276.33	597.73	874.06
Double	447.12	966.98	1,414.10	Double	569.87	1,232.42	1,802.29
Family	596.83	1,290.92	1,887.74	Family	760.66	1,645.29	2,405.95
The STAR Plan -- Advantage or Summit Network				The STAR Plan -- Advantage or Summit Network			
Single	-	401.48	401.48	Single	-	511.69	511.69
Double	-	831.98	831.98	Double	-	1,060.37	1,060.37
Family	-	1,155.91	1,155.91	Family	-	1,473.22	1,473.22
The STAR Plan -- Preferred Network				The STAR Plan -- Preferred Network			
Single	126.91	401.48	528.39	Single	161.74	511.69	673.43
Double	262.98	831.98	1,094.96	Double	335.17	1,060.37	1,395.54
Family	365.39	1,155.91	1,521.30	Family	465.69	1,473.22	1,938.91
Utah Basic Plus -- Advantage or Summit Network				Utah Basic Plus -- Advantage or Summit Network			
Single	-	313.45	313.45	Single	-	399.50	399.50
Double	-	655.93	655.93	Double	-	835.98	835.98
Family	-	979.86	979.86	Family	-	1,248.84	1,248.84
Utah Basic Plus -- Preferred Network				Utah Basic Plus -- Preferred Network			
Single	99.08	313.45	412.53	Single	126.28	399.50	525.78
Double	207.33	655.93	863.26	Double	264.26	835.98	1,100.24
Family	309.73	979.86	1,289.59	Family	394.76	1,248.84	1,643.60
DENTAL AND VISION - RETIREE PAYS THE TOTAL COST							
Dental	Single	Double	Family	Dental	Single	Double	Family
Traditional Dental	32.53	60.38	109.96	Traditional Dental	38.28	71.04	129.37
Preferred Choice Dental	30.09	55.87	101.71	Preferred Choice Dental	35.40	65.73	119.66
Expressions Dental	46.75	84.86	152.79	Expressions Dental	54.62	99.45	179.37
Vision	Single	Double	Family	Vision	Single	Double	Family
EyeMed Full	7.64	12.54	17.43	EyeMed Full	9.14	15.39	21.62
EyeMed Eyewear Only	6.58	10.51	14.45	EyeMed Eyewear Only	7.79	12.80	17.82
OptiCare Full	8.44	13.47	20.00	OptiCare Full	10.17	16.57	24.89
OptiCare Eyewear Only	6.47	9.85	13.88	OptiCare Eyewear Only	7.66	11.95	17.11

**** RETIREE SHARE is only valid if you retire with unused Program I Sick hours and apply them towards the Medical premium. If you do not have unused Program I Sick hours available, or if you choose not to apply them towards the Medical premium, then you are responsible for the TOTAL premium cost.**