

STATE OF UTAH Bi-weekly Rates

JULY 2021 - JUNE 2022

BI-WEEKLY MEDICAL CONTRIBUTIONS					BI-WEEKLY DENTAL CONTRIBUTIONS				
STAR	Employer	Employer	Employee	Total	TRADITIONAL DENTAL	Employer	Employer	Employee	Total
SUMMIT / ADVANTAGE		HSA					HSA		
SINGLE	\$ 231.95	\$ 34.97	\$ 4.73	\$ 271.65	SINGLE	\$ 11.85	\$ -	\$ 2.39	\$ 14.24
DOUBLE	\$ 480.07	\$ 70.26	\$ 9.80	\$ 560.13	DOUBLE	\$ 22.01	\$ -	\$ 4.42	\$ 26.43
FAMILY	\$ 660.91	\$ 73.79	\$ 13.48	\$ 748.18	FAMILY	\$ 40.07	\$ -	\$ 8.07	\$ 48.14
PREFERRED CARE					PREFERRED CHOICE				
SINGLE	\$ 231.95	\$ 34.97	\$ 77.69	\$ 344.61	SINGLE	\$ 11.85	\$ -	\$ 1.32	\$ 13.17
DOUBLE	\$ 480.07	\$ 70.26	\$ 160.96	\$ 711.29	DOUBLE	\$ 22.01	\$ -	\$ 2.45	\$ 24.46
FAMILY	\$ 660.91	\$ 73.79	\$ 222.92	\$ 957.62	FAMILY	\$ 40.07	\$ -	\$ 4.45	\$ 44.52
TRADITIONAL	Employer	Employer	Employee	Total	BASIC HSA DENTAL				
SUMMIT / ADVANTAGE		HSA			SINGLE	\$ 8.98	\$ 2.87	\$ -	\$ 11.85
SINGLE	\$ 272.15	\$ -	\$ 24.46	\$ 296.61	DOUBLE	\$ 16.65	\$ 5.36	\$ -	\$ 22.01
DOUBLE	\$ 561.11	\$ -	\$ 50.43	\$ 611.54	FAMILY	\$ 30.29	\$ 9.78	\$ -	\$ 40.07
FAMILY	\$ 749.07	\$ -	\$ 67.32	\$ 816.39	DISCOUNT HSA DENTAL				
PREFERRED CARE					SINGLE	\$ 0.53	\$ 9.01	\$ -	\$ 9.54
SINGLE	\$ 266.92	\$ -	\$ 123.42	\$ 390.34	DOUBLE	\$ 0.98	\$ 16.49	\$ -	\$ 17.47
DOUBLE	\$ 550.33	\$ -	\$ 254.54	\$ 804.87	FAMILY	\$ 1.79	\$ 30.11	\$ -	\$ 31.90
FAMILY	\$ 734.70	\$ -	\$ 339.76	\$ 1,074.46	REGENCE EXPRESSIONS				
CONSUMER PLUS	Employer	Employer	Employee	Total	SINGLE	\$ 11.85	\$ -	\$ 8.00	\$ 19.85
SUMMIT / ADVANTAGE		HSA			DOUBLE	\$ 22.01	\$ -	\$ 13.85	\$ 35.86
SINGLE	\$ 196.73	\$ 70.18	\$ -	\$ 266.91	FAMILY	\$ 40.07	\$ -	\$ 24.47	\$ 64.54
DOUBLE	\$ 409.96	\$ 140.37	\$ -	\$ 550.33	BI-WEEKLY VISION CONTRIBUTIONS				
FAMILY	\$ 594.33	\$ 140.37	\$ -	\$ 734.70	Eyemed Full	Employer	Employee	Total	
PREFERRED CARE					SINGLE	\$ -	\$ 3.36	\$ 3.36	
SINGLE	\$ 196.73	\$ 70.18	\$ 58.13	\$ 325.04	DOUBLE	\$ -	\$ 5.45	\$ 5.45	
DOUBLE	\$ 409.96	\$ 140.37	\$ 121.49	\$ 671.82	FAMILY	\$ -	\$ 7.54	\$ 7.54	
FAMILY	\$ 594.33	\$ 140.37	\$ 179.77	\$ 914.47	Eyemed Eyewear Only				
					SINGLE	\$ -	\$ 2.90	\$ 2.90	
					DOUBLE	\$ -	\$ 4.58	\$ 4.58	
					FAMILY	\$ -	\$ 6.26	\$ 6.26	
					Opticare Full				
					SINGLE	\$ -	\$ 3.96	\$ 3.96	
					DOUBLE	\$ -	\$ 6.13	\$ 6.13	
					FAMILY	\$ -	\$ 8.76	\$ 8.76	
					Opticare Eyewear Only				
					SINGLE	\$ -	\$ 3.08	\$ 3.08	
					DOUBLE	\$ -	\$ 4.60	\$ 4.60	
					FAMILY	\$ -	\$ 6.44	\$ 6.44	