

| <b>State of Utah COBRA Rates</b>                            |               |               |               |
|---|---------------|---------------|---------------|
| <b>Monthly Rates Effective July 1, 2020 - June 30, 2021</b> |               |               |               |
| <b>Medical Plans</b>  | <b>Single</b> | <b>Double</b> | <b>Family</b> |
| STAR HSA - Advantage/Summit                                 | \$499.65      | \$1,034.35    | \$1,426.07    |
| STAR HSA - Preferred  | \$654.68      | \$1,355.51    | \$1,871.04    |
| Traditional - Advantage/Summit                              | \$630.16      | \$1,299.28    | \$1,734.52    |
| Traditional - Preferred                                     | \$829.33      | \$1,710.03    | \$2,282.81    |
| Consumer Plus - Advantage/Summit                            | \$411.62      | \$858.30      | \$1,250.00    |
| Consumer Plus - Preferred                                   | \$535.06      | \$1,116.28    | \$1,631.82    |
| <b>Dental Plans</b>   | <b>Single</b> | <b>Double</b> | <b>Family</b> |
| Preferred Dental  | \$29.18       | \$54.20       | \$98.66       |
| Traditional Dental  | \$31.56       | \$58.58       | \$106.67      |
| Basic HSA Dental  | \$19.89       | \$36.89       | \$67.13       |
| Discount HSA Dental   | \$1.17        | \$2.17        | \$3.96        |
| Regence Expressions Dental                                  | \$47.25       | \$85.71       | \$154.35      |
| <b>Vision Plans</b>   | <b>Single</b> | <b>Double</b> | <b>Family</b> |
| EyeMed Full   | \$7.34        | \$11.99       | \$16.61       |
| EyeMed Eyewear Only   | \$6.34        | \$10.06       | \$13.79       |
| OptiCare Full   | \$8.69        | \$13.49       | \$19.33       |
| OptiCare Eyewear Only                                       | \$6.74        | \$10.10       | \$14.18       |

If you have any questions, please call customer service at (801) 366-7555  
or toll free at (800)765-7347.