

State of Utah Early Retirement Rates*							
Monthly Rates Effective July 1, 2020 - June 30, 2021							
Early Retiree - <u>1st 18 months</u>				Early Retiree - <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	\$50.41	\$579.75	\$630.16	Single	\$64.25	\$738.90	\$803.15
Double	\$103.94	\$1,195.34	\$1,299.28	Double	\$132.48	\$1,523.47	\$1,655.95
Family	\$138.76	\$1,595.76	\$1,734.52	Family	\$176.85	\$2,033.81	\$2,210.66
Traditional Plan - Preferred Network				Traditional Plan - Preferred Network			
Single	\$249.58	\$579.75	\$829.33	Single	\$318.09	\$738.90	\$1,056.99
Double	\$514.69	\$1,195.34	\$1,710.03	Double	\$655.98	\$1,523.47	\$2,179.45
Family	\$687.05	\$1,595.76	\$2,282.81	Family	\$875.66	\$2,033.81	\$2,909.47
STAR HSA Plan - Advantage or Summit Network				STAR HSA Plan - Advantage or Summit Network			
Single	-	\$499.65	\$499.65	Single	-	\$636.81	\$636.81
Double	-	\$1,034.35	\$1,034.35	Double	-	\$1,318.29	\$1,318.29
Family	-	\$1,426.07	\$1,426.07	Family	-	\$1,817.55	\$1,817.55
STAR HSA Plan - Preferred Network				STAR HSA Plan - Preferred Network			
Single	\$155.03	\$499.65	\$654.68	Single	\$197.58	\$636.81	\$834.39
Double	\$321.16	\$1,034.35	\$1,355.51	Double	\$409.33	\$1,318.29	\$1,727.62
Family	\$444.97	\$1,426.07	\$1,871.04	Family	\$567.11	\$1,817.55	\$2,384.66
Consumer Plus - Advantage or Summit Network				Consumer Plus - Advantage or Summit Network			
Single	-	\$411.62	\$411.62	Single	-	\$524.62	\$524.62
Double	-	\$858.30	\$858.30	Double	-	\$1,093.91	\$1,093.91
Family	-	\$1,250.00	\$1,250.00	Family	-	\$1,593.14	\$1,593.14
Consumer Plus - Preferred Network				Consumer Plus - Preferred Network			
Single	\$123.44	\$411.62	\$535.06	Single	\$157.32	\$524.62	\$681.94
Double	\$257.98	\$858.30	\$1,116.28	Double	\$328.80	\$1,093.91	\$1,422.71
Family	\$381.82	\$1,250.00	\$1,631.82	Family	\$486.63	\$1,593.14	\$2,079.77
DENTAL AND VISION - RETIREE PAYS THE TOTAL COST							
Dental	Single	Double	Family	Dental	Single	Double	Family
Preferred Dental	\$29.18	\$54.20	\$98.66	Preferred Dental	\$34.33	\$63.77	\$116.08
Traditional Dental	\$31.56	\$58.58	\$106.67	Traditional Dental	\$37.13	\$68.92	\$125.50
Basic HSA Dental	\$19.89	\$36.89	\$67.13	Basic HSA Dental	\$23.40	\$43.40	\$78.97
Discount HSA Dental	\$1.17	\$2.17	\$3.96	Discount HSA Dental	\$1.38	\$2.56	\$4.66
Regence Expressions	\$47.25	\$85.71	\$154.35	Regence Expressions	\$55.21	\$100.45	\$181.21
Vision	Single	Double	Family	Vision	Single	Double	Family
EyeMed Full	\$7.34	\$11.99	\$16.61	EyeMed Full	\$8.76	\$14.69	\$20.58
EyeMed Eyewear Only	\$6.34	\$10.06	\$13.79	EyeMed Eyewear Only	\$7.49	\$12.23	\$16.98
OptiCare Full	\$8.69	\$13.49	\$19.33	OptiCare Full	\$10.48	\$16.60	\$24.04
OptiCare Eyewear Only	\$6.74	\$10.10	\$14.18	OptiCare Eyewear Only	\$7.99	\$12.27	\$17.47

* Retirees are responsible for the "Total" monthly premium, unless using Program I Sick Hours.

** The Retiree Share is only applicable to those retiring with unused Program I Sick hours and applying them towards the Medical premium. Program 1 sick hours cover the "State Share."