

STATE OF UTAH - Biweekly Rates

JULY 2020 - JUNE 2021

BI-WEEKLY MEDICAL CONTRIBUTIONS					BI-WEEKLY DENTAL CONTRIBUTIONS				
STAR HSA	Employer	Employer	Employee	Total	TRADITIONAL DENTAL	Employer	Employer	Employee	Total
SUMMIT / ADVANTAGE		HSA					HSA		
SINGLE	\$ 220.95	\$ 34.97	\$ 4.52	\$ 260.44	SINGLE	\$ 11.85	\$ -	\$ 2.39	\$ 14.24
DOUBLE	\$ 457.42	\$ 70.26	\$ 9.33	\$ 537.01	DOUBLE	\$ 22.01	\$ -	\$ 4.42	\$ 26.43
FAMILY	\$ 630.64	\$ 73.79	\$ 12.87	\$ 717.30	FAMILY	\$ 40.07	\$ -	\$ 8.07	\$ 48.14
PREFERRED CARE					PREFERRED CHOICE				
SINGLE	\$ 220.95	\$ 34.97	\$ 74.47	\$ 330.39	SINGLE	\$ 11.85	\$ -	\$ 1.32	\$ 13.17
DOUBLE	\$ 457.42	\$ 70.26	\$ 154.26	\$ 681.94	DOUBLE	\$ 22.01	\$ -	\$ 2.45	\$ 24.46
FAMILY	\$ 630.64	\$ 73.79	\$ 213.67	\$ 918.10	FAMILY	\$ 40.07	\$ -	\$ 4.45	\$ 44.52
TRADITIONAL	Employer		Employee	Total	BASIC HSA DENTAL				
SUMMIT / ADVANTAGE					SINGLE	\$ 8.98	\$ 2.87	\$ -	\$ 11.85
SINGLE	\$ 260.91	\$ -	\$ 23.45	\$ 284.36	DOUBLE	\$ 16.65	\$ 5.36	\$ -	\$ 22.01
DOUBLE	\$ 537.95	\$ -	\$ 48.35	\$ 586.30	FAMILY	\$ 30.29	\$ 9.78	\$ -	\$ 40.07
FAMILY	\$ 718.16	\$ -	\$ 64.54	\$ 782.70	DISCOUNT HSA DENTAL				
PREFERRED CARE					SINGLE	\$ 0.53	\$ 9.01	\$ -	\$ 9.54
SINGLE	\$ 255.92	\$ -	\$ 118.31	\$ 374.23	DOUBLE	\$ 0.98	\$ 16.49	\$ -	\$ 17.47
DOUBLE	\$ 527.68	\$ -	\$ 243.97	\$ 771.65	FAMILY	\$ 1.79	\$ 30.11	\$ -	\$ 31.90
FAMILY	\$ 704.43	\$ -	\$ 325.69	\$ 1,030.12	REGENGE EXPRESSIONS				
CONSUMER PLUS	Employer	Employer	Employee	Total	SINGLE	\$ 11.85	\$ -	\$ 9.49	\$ 21.34
SUMMIT / ADVANTAGE		HSA			DOUBLE	\$ 22.01	\$ -	\$ 16.69	\$ 38.70
SINGLE	\$ 185.74	\$ 70.18	\$ -	\$ 255.92	FAMILY	\$ 40.07	\$ -	\$ 29.60	\$ 69.67
DOUBLE	\$ 387.31	\$ 140.37	\$ -	\$ 527.68	BI-WEEKLY VISION CONTRIBUTIONS				
FAMILY	\$ 564.06	\$ 140.37	\$ -	\$ 704.43	EyeMed Full	Employer	Employee	Total	
PREFERRED CARE					SINGLE	\$ -	\$ 3.33	\$ 3.33	
SINGLE	\$ 185.74	\$ 70.18	\$ 55.71	\$ 311.63	DOUBLE	\$ -	\$ 5.43	\$ 5.43	
DOUBLE	\$ 387.31	\$ 140.37	\$ 116.41	\$ 644.09	FAMILY	\$ -	\$ 7.52	\$ 7.52	
FAMILY	\$ 564.06	\$ 140.37	\$ 172.29	\$ 876.72	EyeMed Eyewear Only				
					SINGLE	\$ -	\$ 2.88	\$ 2.88	
					DOUBLE	\$ -	\$ 4.56	\$ 4.56	
					FAMILY	\$ -	\$ 6.24	\$ 6.24	
					OptiCare Full	Employer	Employee	Total	
					SINGLE	\$ -	\$ 3.94	\$ 3.94	
					DOUBLE	\$ -	\$ 6.11	\$ 6.11	
					FAMILY	\$ -	\$ 8.74	\$ 8.74	
					OptiCare Eyewear Only				
					SINGLE	\$ -	\$ 3.06	\$ 3.06	
					DOUBLE	\$ -	\$ 4.58	\$ 4.58	
					FAMILY	\$ -	\$ 6.42	\$ 6.42	