



2022 COBRA Participants Flexible Benefits Rate Sheet

| Provider | Benefit | Tier | Monthly Rate |
|-------------------------|----------------------|----------------------|--------------|
| Delta Dental | Standard DHMO | Participant only | \$ 8.22 |
| | | Participant & Family | \$ 20.94 |
| | High DHMO | Participant only | \$ 13.31 |
| | | Participant & Family | \$ 33.99 |
| | Standard PPO | Participant only | \$ 19.85 |
| | | Participant & Family | \$ 60.80 |
| High PPO | Participant only | \$ 32.00 | |
| | Participant & Family | \$ 95.70 | |
| UnitedHealthcare Dental | Standard DHMO | Participant only | \$ 7.52 |
| | | Participant & Family | \$ 19.26 |
| | High DHMO | Participant only | \$ 10.07 |
| | | Participant & Family | \$ 25.88 |
| | Standard PPO | Participant only | \$ 18.31 |
| | | Participant & Family | \$ 56.09 |
| High PPO | Participant only | \$ 35.08 | |
| | Participant & Family | \$ 107.09 | |
| EyeMed Vision | Vision | Participant only | \$ 5.71 |
| | | Participant & Family | \$ 14.27 |