

Glendale Elementary School District No.40 2022 - 2023 COBRA Rates Medical, Dental & Vision Insurance (Rates effective 7/01/2022 - 6/30/2023)			
MEDICAL & VISION INSURANCE	Monthly Premium	2% Admin. Fee	Total Due Per Month
United Healthcare Traditional Medical Plan			
Employee Only	\$614.17	\$12.28	\$626.45
Employee & Spouse	\$1,295.35	\$25.91	\$1,321.26
Employee & Child(ren)	\$1,200.55	\$24.01	\$1,224.56
Employee & Family	\$1,627.17	\$32.54	\$1,659.71
United Healthcare HDHP Medical Plan			
Employee Only	\$554.17	\$11.08	\$565.25
Employee & Spouse	\$1,107.64	\$22.15	\$1,129.79
Employee & Child(ren)	\$1,029.90	\$20.60	\$1,050.50
Employee & Family	\$1,379.73	\$27.59	\$1,407.32
United Healthcare Vision Plan			
Employee Only	\$5.80	\$0.12	\$5.92
Employee & Spouse	\$10.36	\$0.21	\$10.57
Employee & Child(ren)	\$10.85	\$0.22	\$11.07
Employee & Family	\$13.61	\$0.27	\$13.88
DENTAL INSURANCE	Monthly Premium	2% Admin. Fee	Total Due Per Month
Delta Dental Level I Plan			
Employee Only	\$26.11	\$0.52	\$26.63
Employee & Spouse	\$52.22	\$1.04	\$53.26
Employee & Child(ren)	\$54.83	\$1.10	\$55.93
Employee & Family	\$78.32	\$1.57	\$79.89
Delta Dental Level III Plan			
Employee Only	\$45.01	\$0.90	\$45.91
Employee & Spouse	\$90.03	\$1.80	\$91.83
Employee & Child(ren)	\$94.53	\$1.89	\$96.42
Employee & Family	\$135.04	\$2.70	\$137.74
Cigna DHMO Dental Plan			
Employee Only	\$9.95	\$0.20	\$10.15
Employee & Spouse	\$19.68	\$0.39	\$20.07
Employee & Child(ren)	\$22.06	\$0.44	\$22.50
Employee & Family	\$24.21	\$0.48	\$24.69