



2018 COBRA FLEXPLAN RATES
January 1, 2018 - December 31, 2018

BENEFIT	COVERAGE LEVEL	PARTICIPANT ONLY	PARTICIPANT & FAMILY
Delta Dental	DeltaCare USA Plan DHMO Standard	\$8.07	\$20.54
	DeltaCare USA Plan DHMO High	\$13.58	\$34.66
	Delta Dental PPO Standard	\$17.58	\$53.96
	Delta Dental PPO High	\$41.44	\$123.91
UnitedHealthcare Dental	UHC Solstice Access+ Standard DHMO	\$8.50	\$21.62
	UHC Solstice Access+ High DHMO	\$11.08	\$28.25
	UHC PPO Standard	\$18.51	\$56.79
	UHC PPO High	\$37.90	\$113.31
Davis Vision	—	\$5.16	\$12.45
UHC Vision	—	\$5.41	\$13.53