

# 2019 Medical/Dental/Vision/Mail Order Drug Active and COBRA Rates

\*\*\*With **Wellness** Credit of \$48 per adult

	2019 Monthly Medical Rates			
	1 Adult	2 Adults	1 Adult + Child(ren)	2 Adults + Child(ren)
Traditional Medical PPO				
<b>Active Contributions</b>	\$129.63	\$287.63	\$229.63	\$387.63
<b>Medical Rates</b>	\$669.99	\$1507.47	\$1172.48	\$2009.96
<b>COBRA Rates</b>	\$683.38	\$1537.61	\$1195.92	\$2050.15

	2019 Monthly Dental Rates			
	1 Adult	2 Adults	1 Adult + Child(ren)	2 Adults + child(ren)
Traditional/Core PPO Dental				
<b>Active Contributions</b>	\$8.26	\$16.52	\$20.65	\$28.91
<b>Dental Rates</b>	\$45.52	\$86.49	\$97.87	\$144.55
<b>COBRA Rates</b>	\$46.43	\$88.21	\$99.82	\$162.50

	2019 Monthly Dental HMO Rates			
	1 Adult	2 Adults	1 Adult + Child(ren)	2 Adults + Child(ren)
Cigna Dental HMO				
<b>Active Contributions</b>	\$3.04	\$5.70	\$6.27	\$9.79
<b>Dental Rates</b>	\$15.20	\$28.50	\$31.38	\$48.99
<b>COBRA Rates</b>	\$15.50	\$29.07	\$32.00	\$49.96

	<b>2019 Monthly Vision Plan (VSP plus) Rates</b>			
	<b>1 Adult</b>	<b>2 Adults</b>	<b>1 Adult + Child(ren)</b>	<b>2 Adults + Child(ren)</b>
<b>Active Contributions</b>	\$12.51	\$19.52	\$23.39	\$31.28

	<b>2019 Monthly Vision Plan (VSP) Rates</b>			
	<b>1 Adult</b>	<b>2 Adults</b>	<b>1 Adult + Child(ren)</b>	<b>2 Adults + Child(ren)</b>
<b>Active Contributions</b>	\$9.90	\$16.92	\$17.35	\$27.47

	<b>2019 Monthly Superior Vision Plan Rates</b>			
	<b>1 Adult</b>	<b>2 Adults</b>	<b>1 Adult + Child(ren)</b>	<b>2 Adults + Child(ren)</b>
<b>Active Contributions</b>	\$7.87	\$15.84	\$12.94	\$22.15

	<b>2019 CVS Mail Order Prescription Drug Rates</b>	
	<b>Generic</b>	<b>Name Brand</b>
<b>Co-pay for 90 day supply</b>	\$30.00	\$95.00

# United Flight Attendant 2019 HMO and HMO COBRA Rates

Monthly Rates <i>Before</i> Wellness Credits and		Employee Contributions				COBRA Premiums <sup>2</sup>			
Option ID	Name of Plan	You Only	You + Spouse	You + Child(ren)	You + Family	You Only	You + Spouse	You + Child(ren)	You + Family
13210	Anthem CO HMO	\$147.27	\$315.32	\$224.49	\$392.54	700.15	1575.34	1225.27	2100.46
13200	BCBS IL HMO	\$144.98	\$310.18	\$220.49	\$385.69	684.62	1540.39	1198.09	2053.86
13170	Aetna Select AZ	\$148.19	\$317.40	\$226.11	\$395.32	706.45	1589.52	1236.29	2119.36
13160	Aetna Select Buffalo	\$148.19	\$317.40	\$226.11	\$395.32	706.45	1589.52	1236.29	2119.36
13230	Aetna Select N CA	\$162.18	\$348.88	\$250.59	\$437.29	706.45	1589.52	1236.29	2119.36
13240	Aetna Select S CA	\$148.19	\$317.40	\$226.11	\$395.32	706.45	1589.52	1236.29	2119.36
13080	Aetna Select Detroit	\$148.19	\$317.40	\$226.11	\$395.32	706.45	1589.52	1236.29	2119.36
13150	Aetna Select FL	\$148.19	\$317.40	\$226.11	\$395.32	706.45	1589.52	1236.29	2119.36
13130	Aetna Select MA	\$148.19	\$317.40	\$226.11	\$395.32	706.45	1589.52	1236.29	2119.36
13190	Aetna Select Mid-Atlantic	\$148.19	\$317.40	\$226.11	\$395.32	706.45	1589.52	1236.29	2119.36
13090	Aetna Select MN	\$159.23	\$342.24	\$245.43	\$428.44	706.45	1589.52	1236.29	2119.36
13100	Aetna Select NC	\$148.19	\$317.40	\$226.11	\$395.32	706.45	1589.52	1236.29	2119.36
13120	Aetna Select NJ	\$148.19	\$317.40	\$226.11	\$395.32	706.45	1589.52	1236.29	2119.36
13180	Aetna Select NV	\$148.19	\$317.40	\$226.11	\$395.32	706.45	1589.52	1236.29	2119.36
13110	Aetna Select NY	\$148.19	\$317.40	\$226.11	\$395.32	706.45	1589.52	1236.29	2119.36
13140	Aetna Select PA	\$148.19	\$317.40	\$226.11	\$395.32	706.45	1589.52	1236.29	2119.36
3621	NetCare Guam HMO	\$176.99	\$382.21	\$276.51	\$481.73	680.13	1530.31	1190.23	2040.41
3611	NetCare Guam PPO	\$146.76	\$314.19	\$223.61	\$391.04	696.75	1567.68	1219.31	2090.25
3651	NetCare Islands/Saipan PPO	\$146.76	\$314.19	\$223.61	\$391.04	696.75	1567.68	1219.31	2090.25
3550	NetCare Guam Health Plan Plus	\$157.17	\$337.60	\$241.82	\$422.25	767.48	1726.84	1343.1	2302.47
3551	Aetna International Indemnity	\$415.84	\$919.61	\$694.49	\$1,198.26	915.81	2060.58	1602.67	2747.45
13060	Kaiser Atlanta HMO	\$147.03	\$314.79	\$224.08	\$391.83	621.88	1399.23	1088.28	1865.65
3554	Kaiser Denver HMO - Opt A	\$188.50	\$408.09	\$296.65	\$516.24	663.77	1493.49	1161.59	1991.31
3555	Kaiser Denver HMO - Opt B	\$143.53	\$306.91	\$217.95	\$381.33	603.02	1356.81	1055.29	1809.08
3504	Kaiser N CA HMO - Opt A	\$193.43	\$419.19	\$305.28	\$531.04	667.15	1501.09	1167.51	2001.45
3504	Kaiser N CA HMO - Opt A	\$0.00	\$419.19	\$305.28	\$531.04	667.15	1501.09	1167.51	2001.45
3505	Kaiser N CA HMO - Opt B	\$144.34	\$308.73	\$219.36	\$383.75	620.64	1396.46	1086.12	1861.93
3505	Kaiser N CA HMO - Opt B	\$0.00	\$308.73	\$219.36	\$383.75	620.64	1396.46	1086.12	1861.93
3544	Kaiser S CA HMO - Opt A	\$193.43	\$419.19	\$305.28	\$531.04	595.82	1340.59	1042.68	1787.45
3544	Kaiser S CA HMO - Opt A	\$0.00	\$419.19	\$305.28	\$531.04	595.82	1340.59	1042.68	1787.45
3545	Kaiser S CA HMO - Opt B	\$144.34	\$308.73	\$219.36	\$383.75	545.23	1226.76	954.14	1635.68
3545	Kaiser S CA HMO - Opt B	\$0.00	\$308.73	\$219.36	\$383.75	545.23	1226.76	954.14	1635.68
3595	Kaiser HI HMO	\$149.95	\$321.35	\$229.18	\$400.59	630.55	1418.73	1103.45	1891.65
3594	Kaiser HI POS	\$194.52	\$421.63	\$307.18	\$534.29	735.97	1655.93	1287.95	2207.92
13040	Kaiser Mid-Atlantic HMO	\$145.06	\$310.35	\$220.62	\$385.92	584.98	1316.2	1023.71	1754.94
13030	Kaiser Northwest HMO	\$152.91	\$328.01	\$234.36	\$409.46	688.48	1549.09	1204.84	2065.45
13050	Kaiser WA HMO	\$148.74	\$318.64	\$227.07	\$396.97	819.96	1844.92	1434.93	2459.86
13071	Medical Mutual OH HMO	\$146.72	\$314.09	\$223.53	\$390.90	717.86	1615.21	1256.27	2153.61
9317	Medical Mutual OH POS	\$195.98	\$424.92	\$309.73	\$538.67	737.73	1659.9	1291.03	2213.2
3501	HMSA HI HMO - Opt A	\$192.22	\$416.45	\$303.15	\$527.39	672.41	1512.93	1176.72	2017.24
3502	HMSA HI HMO - Opt B	\$151.72	\$325.34	\$232.29	\$405.91	665.98	1498.47	1165.46	1997.94
3571	HMSA HI PPP	\$190.26	\$412.05	\$299.72	\$521.51	655.74	1475.44	1147.57	1967.24
3560	Triple-S	\$184.65	\$399.44	\$289.92	\$504.70	294.91	663.58	516.12	884.73
3521	TRICARE Supplement Plan	\$60.50	\$119.50	\$119.50	\$160.50	61.71	121.89	121.89	163.71
3521WAS	TRICARE Supplement Plan	\$44.17	\$86.17	\$86.17	\$116.50	45.05	87.89	87.89	118.83