

2022

COBRA DENTAL and VISION PLAN RATES

MONTHLY RATES 01/01/2022 – 12/31/2022

| Delta Dental PPO – Plan D (CSEA/AFSCME/ADMIN) | | |
|--|---------|-----------|
| | 1-Party | \$ 60.08 |
| | 2-Party | \$ 122.09 |
| | 3-Party | \$ 182.17 |

| Delta Dental PPO – Plan A (CTA ONLY) | | |
|---|---------|-----------|
| | 1-Party | \$ 52.33 |
| | 2-Party | \$ 105.62 |
| | 3-Party | \$ 158.92 |

| DeltaCare HMO (CTA/CSEA/AFSCME/ADMIN) | | |
|--|---------|----------|
| | 1-Party | \$ 20.90 |
| | 2-Party | \$ 42.29 |
| | 3-Party | \$ 62.51 |

| Vision Service Plan (VSP) | | |
|----------------------------------|---------|----------|
| | 1-Party | \$ 8.72 |
| | 2-Party | \$ 17.44 |
| | 3-Party | \$ 25.19 |

**Note: These rates include a 2% administration fee from BRi COBRA LLC*