



Dental and Vision Rates

Dental

High Plan

Election Level	Employee Only	Employee & Spouse (formerly Employee +1)	Employee & Children (formerly Employee +1)	Family Coverage
Bi-Weekly	\$13.21	\$27.10	\$33.04	\$46.93
Monthly	\$28.62	\$58.72	\$71.58	\$101.68

Low plan

Election Level	Employee Only	Employee & Spouse (formerly Employee +1)	Employee & Children (formerly Employee +1)	Family Coverage
Bi-Weekly	\$8.43	\$16.89	\$21.60	\$30.06
Monthly	\$18.25	\$36.59	\$46.79	\$65.13

Vision

Election Level	Employee Only	Employee & Spouse (formerly Employee +1)	Employee & Children (formerly Employee +1)	Family Coverage
Bi-Weekly	\$2.82	\$4.94	\$5.36	\$8.18
Monthly	\$6.12	\$10.71	\$11.62	\$17.73