

Your Dental Benefits

Monthly Premiums	Select	Select Mid	Select Plus	DHMO
Employee Only	\$26.87	\$34.20	\$40.86	\$22.52
EE + Spouse	\$52.35	\$66.83	\$79.96	\$41.04
EE + Child(ren)	\$54.89	\$70.09		

Your Vision Benefits

Monthly Premiums	Select	Select Plus
EE Only	\$5.26	\$9.04
EE + Spouse	\$11.13	\$19.80
EE + Children	\$11.65	\$20.72
Family	\$15.73	\$28.23

