

NON-MEDICAL RATES

MONTHLY PREMIUM						
DENTAL	2-9 Subscribers	EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE + FAMILY	EMPLOYEE + CHILD(REN)	
		Plan 1	\$53.78	\$105.41	\$159.20	\$107.57
		Plan 2	\$58.62	\$114.88	\$173.50	\$117.23
		Plan 3	\$60.43	\$118.44	\$178.88	\$120.86
		Plan 4	\$67.69	\$132.65	\$200.32	\$135.36
DENTAL	10-50 Subscribers	EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE + FAMILY	EMPLOYEE + CHILD(REN)	
		Plan 1	\$43.72	\$85.70	\$129.43	\$87.45
		Plan 2	\$47.66	\$93.40	\$141.06	\$95.31
		Plan 3	\$49.13	\$96.30	\$145.41	\$98.27
		Plan 4	\$55.03	\$107.85	\$162.88	\$110.05
DENTAL	50+ Subscribers	EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE + FAMILY	EMPLOYEE + CHILD(REN)	
		Plan 1	\$37.61	\$73.71	\$111.30	\$75.21
		Plan 2	\$40.99	\$80.33	\$121.31	\$81.96
		Plan 3	\$42.25	\$82.81	\$125.06	\$84.50
		Plan 4	\$47.32	\$92.75	\$140.07	\$94.65
ORTHO	10+ Subscribers	EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE + FAMILY	EMPLOYEE + CHILD(REN)	
		Ortho Rider 1	N/A	N/A	\$16.60	\$16.60
		Ortho Rider 2	\$2.10	\$4.19	\$20.71	\$18.62



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MONTHLY PREMIUM

VISION	EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE + FAMILY	EMPLOYEE + CHILD(REN)
Plan 3	\$5.15	\$8.21	\$13.55	\$8.40
Plan 4	\$5.77	\$9.20	\$15.19	\$9.41

LIFE / AD&D	Age	5 – 9 EMPLOYEES	10 – 24 EMPLOYEES	25 – 49 EMPLOYEES	50+ EMPLOYEES
	0 - 29	\$0.08	\$0.11	\$0.08	\$0.11
	30 - 34	\$0.11	\$0.11	\$0.11	\$0.11
	35 - 39	\$0.13	\$0.13	\$0.13	\$0.13
	40 - 44	\$0.12	\$0.12	\$0.19	\$0.19
	45 - 49	\$0.30	\$0.17	\$0.17	\$0.17
	50 - 54	\$0.30	\$0.30	\$0.30	\$0.30
	55 - 59	\$1.12	\$1.12	\$0.48	\$0.48
	60 - 64	\$1.35	\$1.35	\$1.35	\$0.63
	65 - 70	\$3.35	\$1.50	\$3.35	\$3.35
	70+	\$6.66	\$6.66	\$6.66	\$3.35

