

Covered Individual	Employee Cost per Month
Employee	\$40.78
Employee & Spouse	\$86.87
Employee & Child	\$94.39
Employee & Family	\$156.46

### Dental PPO

Covered Individual	Employee Cost per Month
Employee	\$13.64
Employee & Spouse	\$25.93
Employee & Child	\$27.30
Employee & Family	\$38.89

### Dental HMO



### Vision Basic Option

Covered Individual	Employee Cost per Month
Employee	\$4.16
Employee & Spouse	\$7.90
Employee & Child	\$8.32
Employee & Family	\$12.23

### Vision Enhanced Option

Covered Individual	Employee Cost per Month
Employee	\$9.23
Employee & Spouse	\$17.54
Employee & Child	\$18.46
Employee & Family	\$27.14