

2016-2017 Insurance Rates

DENTAL INSURANCE

Plan	Coverage Level	Premium	Board Contribution	Monthly Premium	Semi-Monthly Premium
HMO PLANS					
<i>Members MUST elect a participating primary dental provider.</i>					
CS150	Employee	\$ 17.82	\$ 0	\$ 17.82	\$ 8.91
	Employee/One	\$ 33.80	\$ 0	\$ 33.80	\$ 16.90
	Employee/Family	\$ 46.12	\$ 0	\$ 46.12	\$ 23.06
HS205	Employee	\$ 16.96	\$ 0	\$ 16.96	\$ 8.48
	Employee/One	\$ 33.56	\$ 0	\$ 33.56	\$ 16.78
	Employee/Family	\$ 59.96	\$ 0	\$ 59.96	\$ 29.98
PPO PLAN					
<i>Members may receive services In-Network <u>or</u> Out-of-Network.</i>					
<i>Benefits for services received In-Network are greater than those received Out-of-Network.</i>					
EP510	Employee	\$ 28.08	\$ 0	\$ 28.08	\$ 14.04
	Employee/One	\$ 53.20	\$ 0	\$ 53.20	\$ 26.60
	Employee/Family	\$ 87.56	\$ 0	\$ 87.56	\$ 43.78
NETWORK PLAN					
<i>Members MUST remain In-Network with provider selections.</i>					
Advantage	Employee	\$ 25.12	\$ 0	\$ 25.12	\$ 12.56
	Employee/One	\$ 47.58	\$ 0	\$ 47.58	\$ 23.79
	Employee/Family	\$ 78.34	\$ 0	\$ 78.34	\$ 39.17

VISION INSURANCE

Plan	Coverage Level	Premium	Board Contribution	Monthly Premium	Semi-Monthly Premium
Vision Care Plan					
VS3169	Employee	\$ 6.84	\$ 0	\$ 6.84	\$ 3.42
	Employee/Spouse	\$ 13.66	\$ 0	\$ 13.66	\$ 6.83
	Employee/Child	\$ 17.08	\$ 0	\$ 17.08	\$ 8.54
	Employee/Family	\$ 23.90	\$ 0	\$ 23.90	\$ 11.95

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