

2019 HEALTH - DENTAL - VISION INSURANCE RATES

RATES EFFECTIVE 01/01/19 - 12/31/19

**rates listed below are per pay deductions*

CLASSIFIED 12 MONTH				
PLAN	EMPLOYEE ONLY	EMPLOYEE & SPOUSE	EMPLOYEE & CHILD(REN)	FAMILY
2	\$115.55	\$289.33	\$260.60	\$339.43
3	\$34.95	\$84.35	\$68.65	\$99.55
4	\$11.73	\$49.05	\$46.30	\$57.60
5	\$18.55	\$81.15	\$76.63	\$95.18
Standard Dental	\$1.50	\$21.00	\$15.00	\$36.00
Enhanced Dental	\$8.00	\$34.50	\$26.50	\$55.00
Vision	\$3.70	\$7.40	\$7.92	\$12.65