

2019 HEALTH - DENTAL - VISION INSURANCE RATES

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

**rates listed below are per pay deductions*

CLASSIFIED 9 MONTH				
PLAN	EMPLOYEE ONLY	EMPLOYEE & SPOUSE	EMPLOYEE & CHILD(REN)	FAMILY
2	\$154.07	\$385.77	\$347.47	\$452.57
3	\$46.60	\$112.47	\$91.53	\$132.73
4	\$15.63	\$65.40	\$61.73	\$76.80
5	\$24.73	\$108.20	\$102.17	\$126.90
Standard Dental	\$2.00	\$28.00	\$20.00	\$48.00
Enhanced Dental	\$10.67	\$46.00	\$35.33	\$73.33
Vision	\$4.94	\$9.87	\$10.56	\$16.87