

# Dental and Vision Premiums



## Dental Plan Premium

PER PAY PERIOD PREMIUM	EMPLOYEE ONLY	EMPLOYEE PLUS ONE	EMPLOYEE AND TWO OR MORE DEPENDENTS
Full-time employee	\$5.27	\$6.74	\$10.15
Part-time employee	\$10.53	\$13.48	\$20.31

### ANNUAL PREMIUM

Full-Time and Part-Time Employees with Benefits Working 30 Hours or More a Week

DENTAL PLAN	EMPLOYEE COST
Employee only	\$136.80
Employee +1	\$175.20
Employee +2 or more	\$264.00

Part-Time Employees with Benefits Working 20-29 Hours per Week

	EMPLOYEE COST
Employee only	\$273.60
Employee +1	\$350.40
	\$528.00

## Vision Plan Premium

PER PAY PERIOD PREMIUM	EMPLOYEE ONLY	EMPLOYEE PLUS ONE	EMPLOYEE AND TWO OR MORE DEPENDENTS
Full-time employee	\$3.58	\$7.43	\$11.51

### ANNUAL PREMIUM

Full-Time and Part-Time Employees with Benefits Working 30 Hours or More a Week

VISION PLAN	EMPLOYEE COST
Employee only	\$93.08
Employee +1	\$193.18
Employee +2 or more	\$299.26