

Effective June 1, 2020 to May 31, 2021

Dental Plan				
	Employee Only	Employee + Spouse	Employee + Child	Employee + Family
Monthly	\$45.71	\$91.42	\$95.66	146.02
Semi-Monthly	\$22.86	\$45.71	\$47.83	\$73.01

Vision Plan				
	Employee Only	Employee + Spouse	Employee + Child	Employee + Family
Monthly	\$8.83	\$17.21	\$18.10	25.15
Semi-Monthly	\$4.42	\$8.61	\$9.05	\$12.58