



2024 Dental & Vision Bi-Weekly Deduction Rates

Dental Bi-Weekly Employee Rates:

Coverage Level	Contribution Amount
Employee	\$8.15
Employee + Spouse	\$16.30
Employee + Child(ren)	\$20.63
Employee + Family	\$30.44

Vision Bi-Weekly Employee Rates:

Coverage Level	Contribution Amount
Employee	\$2.57
Employee + Spouse	\$4.88
Employee + Child(ren)	\$5.72
Employee + Family	\$8.05