



Dental & Vision Plans

Coverage Effective September 1, 2024-December 31, 2025

		Certified Staff		Non-Certified Staff	
		Per Month	Per Pay	Per Month	Per Pay
DENTAL	Employee	\$3.72	\$1.86	\$7.20	\$3.60
	Employee + 1	\$43.72	\$21.86	\$47.20	\$23.60
	Family	\$79.72	\$39.86	\$83.20	\$41.60
VISION	Employee	\$9.47	\$4.74	\$9.47	\$4.74
	Employee + 1	\$15.99	\$8.00	\$15.99	\$8.00
	Family	\$21.72	\$10.86	\$21.72	\$10.86