



## Dental & Vision Plans

Coverage Effective September 1, 2023- August 31, 2024

		Certified Staff		Aides/Non-Certified Staff	
DENTAL	Employee	\$3.40	\$1.70	\$8.50	\$4.25
	Employee + 1	\$41.40	\$20.70	\$46.50	\$23.25
	Family	\$75.40	\$37.70	\$80.50	\$40.25
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