

Rate Guide

Dental – HMO

	<i>Employee</i>	<i>Employee and spouse/ domestic partner</i>	<i>Employee and child(ren)</i>	<i>Family</i>
Voluntary group plan Plus DHMO 150 (V)-S (Plan code U1)	\$16.52	\$31.40	\$33.04	\$47.10

Vision – Voluntary

<i>Plan</i>	<i>Employee</i>	<i>Employee and spouse/ domestic partner</i>	<i>Employee and child(ren)</i>	<i>Family</i>
Preferred 1025-2	\$10.06	\$19.11	\$20.12	\$30.18