

## 2025-26 VOLUNTARY INSURANCE RATE SCHEDULE (10 MONTH RATES)

COMPANY	COVERAGE TYPE	10 MONTH DEDUCTION	EMPLOYEE PORTION
<b>Standard Dental</b>	Single	\$19.61	\$19.61
<b>Low</b>	2 person	\$38.46	\$38.49
	family	\$76.14	\$76.17
<b>Standard Dental</b>	Single	\$35.54	\$35.54
<b>Medium</b>	2 person	\$70.46	\$70.46
	family	\$137.88	\$137.88
<b>Standard Dental</b>	Single	\$50.14	\$50.14
<b>High</b>	2 person	\$98.48	\$98.49
	family	\$189.49	\$189.50
<b>Avesis Vision</b>	Single	\$7.84	\$7.84
	Employee +1	\$15.24	\$15.24
	Employee + Family	\$22.38	\$22.38
<b>Avesis Vision</b>	Single	\$10.96	\$10.96
<b>Plus</b>	Employee +1	\$21.13	\$21.13
	Employee + Family	\$31.30	\$31.30
<b>LifeLock (ID Theft)</b>	Employee	\$9.59	\$9.59
<b>Benefit Elite</b>	Employee + Family	\$19.18	\$19.18
<b>Ultimate Plus</b>	Employee	\$16.79	\$16.79
	Employee + Family	\$33.58	\$33.58
<b>Standard Accident</b>	Employee	\$14.42	\$14.42
<b>Enhanced</b>	Employee/Spouse	\$22.73	\$22.73
	Employee/Children	\$27.04	\$27.04
	Family	\$42.43	\$42.43
<b>Premier</b>	Employee	\$18.49	\$18.49
	Employee/Spouse	\$28.99	\$28.99

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COMPANY	COVERAGE TYPE	10 MONTH DEDUCTION	EMPLOYEE PORTION
	Employee/Children	\$34.82	\$34.82
	Family	\$54.58	\$54.58
<b>Hospital Indemnity</b>	Employee	\$13.68	\$13.68
<b>Low</b>	Employee/Spouse	\$28.80	\$28.80
	Employee/Children	\$26.32	\$26.32
	Family	\$44.10	\$44.10
<b>High</b>	Employee	\$23.28	\$23.28
	Employee/Spouse	\$49.26	\$49.26
	Employee/Children	\$45.12	\$45.12
	Family	\$75.90	\$75.90