

## 2024-25 RATE SCHEDULE (10 MONTH RATES)

| COMPANY                    | COVERAGE TYPE     | 10 MONTH DEDUCTION | EMPLOYEE PORTION |
|----------------------------|-------------------|--------------------|------------------|
| <b>Standard Dental</b>     | Single            | \$16.90            | \$16.90          |
| <b>Low</b>                 | 2 person          | \$33.14            | \$33.14          |
|                            | family            | \$65.62            | \$65.62          |
| <b>Standard Dental</b>     | Single            | \$30.62            | \$30.62          |
| <b>Medium</b>              | 2 person          | \$60.72            | \$60.72          |
|                            | family            | \$118.82           | \$118.82         |
| <b>Standard Dental</b>     | Single            | \$43.20            | \$43.20          |
| <b>High</b>                | 2 person          | \$84.86            | \$84.86          |
|                            | family            | \$163.30           | \$163.30         |
| <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          | \$9.58             | \$9.58           |
| <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            | \$14.70          |
| <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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|---------------------------|-------------------|--------------------|------------------|
|                           | 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          |