

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

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

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

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