

2025-26 VOLUNTARY INSURANCE RATE SCHEDULE (12 MONTH RATES)

COMPANY	COVERAGE TYPE	12 MONTH DEDUCTION	EMPLOYEE PORTION
Standard Dental	Single	\$16.34	\$16.34
Low	2 person	\$32.05	\$32.05
	family	\$63.45	\$63.45
Standard Dental	Single	\$29.62	\$29.62
Medium	2 person	\$58.72	\$58.72
	family	\$114.90	\$114.90
Standard Dental	Single	\$41.78	\$41.78
High	2 person	\$82.07	\$82.07
	family	\$157.91	\$157.91
Avesis Vision	Single	\$6.53	\$6.53
	Employee +1	\$12.70	\$12.70
	Employee + Family	\$18.65	\$18.65
Avesis Vision	Single	\$9.13	\$9.13
Plus	Employee +1	\$17.61	\$17.61
	Employee + Family	\$26.08	\$26.08
LifeLock (ID Theft)	Employee	\$7.99	\$7.99
Benefit Elite	Employee + Family	\$15.98	\$15.98
Ultimate Plus	Employee	\$13.99	\$13.99
	Employee + Family	\$27.98	\$27.98
Standard Accident	Single	\$12.02	\$12.02
Enhanced	Employee/Spouse	\$18.94	\$18.94
	Employee/Children	\$22.53	\$22.53
	Family	\$35.36	\$35.36
Premier	Single	\$15.41	\$15.41
	Employee/Spouse	\$24.16	\$24.16

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COMPANY	COVERAGE TYPE	12 MONTH DEDUCTION	EMPLOYEE PORTION
	Employee/Children	\$29.02	\$29.02
	Family	\$45.48	\$45.48
Hospital Indemnity	Employee	\$11.40	\$11.40
Low	Employee/Spouse	\$24.00	\$24.00
	Employee/Children	\$21.93	\$21.93
	Family	\$36.75	\$36.75
High	Employee	\$19.40	\$19.40
	Employee/Spouse	\$41.05	\$41.05
	Employee/Children	\$37.60	\$37.60
	Family	\$63.25	\$63.25