

Dental, Life & Vision Insurance FY2025 Insurance Rates

(Effective July 1, 2024 through June 30, 2025)

Plan	Monthly Premium	Annual Premium	Employee Contribution	Deduction per Pay Period				
				52	42	26	21	12
CIGNA DENTAL - <u>Low Plan</u> (100% Paid by Employee)								
Family	108.12	1,297.44	1,297.44	24.95	30.89	49.90	61.78	108.12
Single	41.75	501.00	501.00	9.63	11.93	19.27	23.86	41.75
CIGNA DENTAL - <u>High Plan</u> (100% Paid by Employee)								
Family	140.56	1,686.72	1,686.72	32.44	40.16	64.87	80.32	140.56
Single	54.27	651.24	651.24	12.52	15.51	25.05	31.02	54.27
BOSTON MUTUAL GROUP LIFE INSURANCE (50% Paid by Employee)								
	11.05	132.60	66.30	1.28	1.58	2.55	3.16	5.53
VISION SERVICE PLAN INSURANCE (100% Paid by Employee)								
Family	14.90	178.80	178.80	3.44	4.26	6.88	8.51	14.90
Single	5.39	64.68	64.68	1.24	1.54	2.49	3.08	5.39

PLEASE NOTE: Rates subject to change without notice. There is a separate rate sheet for the GIC Medical Insurance.