

## Dental, Life & Vision Insurance FY 2020 Insurance Rates

(Effective July 1, 2020 through June 30, 2021)

Plan	Monthly Premium	Annual Premium	Employee Contribution	Deduction per Pay Period				
				52	42	26	21	12
<b>CIGNA DENTAL - <u>Low Plan</u> (100% Paid by Employee)</b>								
Family	95.25	1,143.00	1,143.00	21.98	27.21	43.96	54.43	95.25
Single	36.78	441.36	441.36	8.49	10.51	16.98	21.02	36.78
<b>CIGNA DENTAL - <u>High Plan</u> (100% Paid by Employee)</b>								
Family	123.83	1,485.96	1,485.96	28.58	35.38	57.15	70.76	123.83
Single	47.81	573.72	573.72	11.03	13.66	22.07	27.33	47.81
<b>BOSTON MUTUAL GROUP LIFE INSURANCE (50% Paid by Employee)</b>								
	7.90	94.80	47.40	0.91	1.13	1.82	2.26	3.95
<b>VISION SERVICE PLAN INSURANCE (100% Paid by Employee)</b>								
Family	15.27	183.24	183.24	3.52	4.36	7.05	8.73	15.27
Single	5.52	66.24	66.24	1.27	1.58	2.55	3.15	5.52

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