

2024 Cost Sharing: Monthly & Bi-Weekly



Dental	Monthly Premium	Bi-Weekly Premium
Voluntary Dental – Flex Plan		
Single	\$35.48	\$16.38
Two Person	\$69.47	\$32.06
6Family	\$118.94	\$54.90
Voluntary Dental – Basic Plus Plan		
Single	\$20.76	\$9.58
Two Person	\$39.93	\$18.43
Family	\$71.54	\$33.02

Vision	Monthly Premium	Bi-Weekly Premium
Voluntary Vision		
Employee Only	\$7.02	\$3.24
Employee and Spouse	\$12.76	\$5.89
Employee and Child(ren)	\$13.38	\$6.18
Family	\$20.66	\$9.54