

Insurance Rate Sheet

Rates effective 07/01/2020 through 6/30/2021

Following are **EMPLOYEE rates** deducted in each 2-week pay period for Health and Dental and deducted monthly from the second pay-period of the month for Optical.

Employee Status	Employee/ Single	Employee/ child(ren)	Employee/ Spouse/DP	Family
Health				
26 to 40 hours/week	0.00	94.21	122.36	216.75
20 to <26 hours/week	139.61	280.84	323.07	464.64
Dental				
26 to 40 hours/week	0.00	28.61	15.33	44.30
20 to <26 hours/week	9.93	38.53	25.15	54.22
Optical	12.50	23.00	23.60	34.10