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DENTAL & VISION - 2017 Monthly Premium Rates

DENTAL NO ORTHODONTIA	LOW	MEDIUM	HIGH	GRAND
	(NO ORTHODONTIA)			
Employee Only	\$ 52.00	\$ 56.00	\$ 62.00	\$ 68.00
Employee + 1	\$ 95.00	\$ 103.00	\$ 113.00	\$ 124.00
Family	\$ 153.00	\$ 167.00	\$ 185.00	\$ 204.00

DENTAL WITH ORTHODONTIA	LOW	MEDIUM	HIGH	GRAND
	(WITH ORTHODONTIA)			
Employee Only	\$ 53.00	\$ 57.00	\$ 63.00	\$ 69.00
Employee + 1	\$ 99.00	\$ 107.00	\$ 117.00	\$ 129.00
Family	\$ 170.00	\$ 184.00	\$ 202.00	\$ 222.00

VISION	OPTIONS		
	A	B	C
Employee Only	\$ 11.19	\$ 12.22	\$ 12.33
Employee + 1	\$ 16.16	\$ 17.33	\$ 20.62
Family	\$ 28.99	\$ 30.92	\$ 36.99

Rates Board Adopted: September 20, 2016

Effective January 1, 2017 through December 31, 2017