

JPPSS

Vision and Dental Premiums

2018 Rates

	<u>Vision</u>			<u>Dental</u>		
<u>ACTIVE PAYROLL DEDUCTIONS</u>	MONTHLY	20 PAYS	24 PAYS	MONTHLY	20 PAYS	24 PAYS
Employee Only (Cost to JPPSS)	\$4.00	\$2.40	\$2.00	\$19.23	\$11.54	\$9.62
Spouse Only	\$6.47	\$3.88	\$3.24	\$34.02	\$20.42	\$17.02
Child(ren) Only	\$10.90	\$6.54	\$5.46	\$51.84	\$31.10	\$25.92
Spouse and Child(ren) Only	\$16.38	\$9.84	\$8.20	\$82.93	\$49.76	\$41.48

<u>RETIREE</u>	MONTHLY	MONTHLY
Retiree Only	\$4.00	\$19.23
Retiree Plus Spouse	\$10.47	\$53.25
Retiree Plus Child(ren)	\$14.90	\$71.07
Retiree Plus Family -Spouse plus Child(ren)	\$20.38	\$102.16
Spouse Only	\$6.47	\$34.02
Child(ren) Only	\$10.90	\$51.84
Spouse and Child(ren) Only	\$16.38	\$82.93

<u>COBRA</u>	MONTHLY	MONTHLY
Employee Only	\$4.08	\$19.61
Employee Plus Spouse	\$10.68	\$54.32
Employee Plus Child(ren)	\$15.20	\$72.49
Employee Plus Family -Spouse plus Child(ren)	\$20.79	\$104.20
Spouse Only	\$6.60	\$34.70
Child(ren) Only	\$11.12	\$52.88
Spouse and Child(ren) Only	\$16.71	\$84.59
