

Vision and Dental Premiums

2020 Rates

<u>ACTIVE PAYROLL DEDUCTIONS</u>	<u>Vision</u>			<u>Dental</u>		
	MONTHLY	20 PAYS	24 PAYS	MONTHLY	20 PAYS	24 PAYS
Employee Only (Cost to JPPSS)	\$3.89	\$2.34	\$1.96	\$20.86	\$12.52	\$10.44
Spouse Only	\$6.30	\$3.78	\$3.16	\$36.91	\$22.16	\$18.46
Child(ren) Only	\$10.60	\$6.36	\$5.30	\$56.24	\$33.74	\$28.12
Spouse and Child(ren) Only	\$15.95	\$9.58	\$7.98	\$89.97	\$53.98	\$45.00

	MONTHLY	MONTHLY
	<u>RETIREE</u>	
Retiree Only	\$3.89	\$30.07
Retiree Plus Spouse	\$10.19	\$83.26
Retiree Plus Child(ren)	\$14.49	\$111.12
Retiree Plus Family -Spouse plus Child(ren)	\$19.84	\$159.74
Spouse Only	\$6.30	\$53.19
Child(ren) Only	\$10.60	\$81.05
Spouse and Child(ren) Only	\$15.95	\$129.67

	MONTHLY	MONTHLY
	<u>COBRA</u>	
Employee Only	\$3.97	\$21.28
Employee Plus Spouse	\$10.39	\$58.93
Employee Plus Child(ren)	\$14.78	\$78.64
Employee Plus Family -Spouse plus Child(ren)	\$20.24	\$113.05
Spouse Only	\$6.42	\$37.65
Child(ren) Only	\$10.81	\$57.36
Spouse and Child(ren) Only	\$16.27	\$91.77