

January 1, 2023 Per Pay Period Premiums Vision and Dental



Vision

Plan	Tier	Part-Time Active EMPLOYEE Premium Per Pay Period ¹	Full-Time Active EMPLOYEE Premium Per Pay Period
EyeMed	Employee	\$1.87	\$0.61
	Employee + Spouse	\$3.67	\$1.34
	Employee + Child(ren)	\$3.54	\$1.01
	Employee + Family	\$5.47	\$1.80

Dental

Plan	Tier	Part-Time Active EMPLOYEE Premium Per Pay Period ¹	Full-Time Active EMPLOYEE Premium Per Pay Period
Cigna Prepaid (DHMO)	Employee	\$3.33	\$2.19
	Employee + Spouse	\$5.85	\$4.13
	Employee + Child(ren)	\$7.94	\$5.37
	Employee + Family	\$9.27	\$6.18
Cigna (PPO)	Employee	\$13.14	\$8.28
	Employee + Spouse	\$28.91	\$18.22
	Employee + Child(ren)	\$31.27	\$19.71
	Employee + Family	\$40.15	\$25.30
Delta (PPO)	Employee	\$14.51	\$10.35
	Employee + Spouse	\$31.99	\$22.80
	Employee + Child(ren)	\$34.62	\$24.68
	Employee + Family	\$44.55	\$31.81