

FY 2018 Insurance Rates

(Effective July 1, 2017 through June 30, 2018)

Plan	Monthly Premium	Annual Premium	Employee Contribution	52	42	26	21	12
DELTA DENTAL (Low Plan)(100% Paid by Employee)								
Family	\$102.62	\$1,231.44	\$1,231.44	\$23.68	\$29.32	\$47.36	\$58.64	\$102.62
Single	\$39.63	\$475.56	\$475.56	\$9.15	\$11.32	\$18.29	\$22.65	\$39.63
DELTA DENTAL (High Plan)(100% Paid by Employee)								
Family	\$133.42	\$1,601.04	\$1,601.04	\$30.79	\$38.12	\$61.58	\$76.24	\$133.42
Single	\$51.51	\$618.12	\$618.12	\$11.89	\$14.72	\$23.77	\$29.43	\$51.51
BASIC LIFE INSURANCE (50% Paid by Employee)								
	\$7.90	\$94.80	\$47.40	\$0.91	\$1.13	\$1.82	\$2.26	\$3.95
Vision Plan (100% Paid by Employee)								
Family	\$14.32	\$171.84	\$171.84	\$3.30	\$4.09	\$6.61	\$8.18	\$14.32
Single	\$5.18	\$62.16	\$62.16	\$1.20	\$1.48	\$2.39	\$2.96	\$5.18

**PLEASE NOTE: Rates subject to change without notice.
There is a separate rate sheet for the GIC Medical Insurance.**