

## January 1, 2025 - December 31, 2025 Dental Plan

*\$25 deductible per person - \$50.00 deductible maximum per family  
Dental Calendar Year Maximum Benefit - \$1000 per person*

Coverage (24 Pay)	Cost	Monthly Contribution		Per Paycheck (24)		Annual	
		Board	Employee	Board	Employee	Board	Employee
Single	\$42.71	\$34.16	\$8.54	\$17.08	\$4.27	\$409.97	\$102.49
Family	\$116.48	\$93.18	\$23.30	\$46.59	\$11.65	\$1,118.16	\$279.54

  

Coverage (18 Pay)	Cost	Monthly Contribution		Per Paycheck (18)		Annual	
		Board	Employee	Board	Employee	Board	Employee
Single	\$56.94	\$45.55	\$11.39	\$22.78	\$5.69	\$409.97	\$102.49
Family	\$155.30	\$124.24	\$31.06	\$62.12	\$15.53	\$1,118.16	\$279.54

## January 1, 2025 - December 31, 2025 Vision Plan

*Examination copay - \$10  
Material copay - \$25  
Lenses copay - \$25  
Frames copay - \$0; \$130 allowance; 20% of balance over \$130  
Benefit frequency: Examination 12 months, lenses/contacts 12 months, frames 24 months*

Coverage (24 Pay)	Cost	Monthly Contribution		Per Paycheck (24)		Annual	
		Board	Employee	Board	Employee	Board	Employee
Single	\$5.33	\$4.26	\$1.07	\$2.13	\$0.53	\$51.17	\$12.79
Single + Spouse	\$10.13	\$8.10	\$2.03	\$4.05	\$1.01	\$97.25	\$24.31
Single + Child(ren)	\$10.66	\$8.53	\$2.13	\$4.26	\$1.07	\$102.34	\$25.58
Family	\$15.68	\$12.54	\$3.14	\$6.27	\$1.57	\$150.53	\$37.63

  

Coverage (18 Pay)	Cost	Monthly Contribution		Per Paycheck (18)		Annual	
		Board	Employee	Board	Employee	Board	Employee
Single	\$7.11	\$5.69	\$1.42	\$2.84	\$0.71	\$51.17	\$12.79
Single + Spouse	\$13.51	\$10.81	\$2.70	\$5.40	\$1.35	\$97.25	\$24.31
Single + Child(ren)	\$14.21	\$11.37	\$2.84	\$5.69	\$1.42	\$102.34	\$25.58
Family	\$20.91	\$16.73	\$4.18	\$8.36	\$2.09	\$150.53	\$37.63