

Robertson County Board of Education

****District pays for certified EO rate toward any tier on dental**

2024 Delta Dental Deduction Rates

Coverage Level	Monthly	Teachers - 12	Monthly - 12	Biweekly - 24	Bus - 18 (Sept. -- May)
Employee Only	\$31.94	Free	\$31.94	\$15.97	\$21.30
Employee + 1	\$66.62	\$34.68	\$66.62	\$33.31	\$44.41
Employee + 2 or More	\$125.69	\$93.75	\$125.69	\$62.85	\$83.80

2024 Ameritas Vision Deduction Rates

Coverage Level	EyeMed/VSP High - 12	EyeMed/VSP High - 24	EyeMed/VSP High - 18 Bus (Sept. -- May)	EyeMed/VSP Low - 12	EyeMed/VSP Low - 24	EyeMed/VSP Low - 18 Bus (Sept. -- May)
Employee Only	\$6.30	\$3.15	\$4.20	\$3.38	\$1.69	\$2.25
Employee + Spouse	\$11.98	\$5.99	\$7.99	\$6.76	\$3.38	\$4.51
Employee + Child(ren)	\$12.60	\$6.30	\$8.40	\$6.42	\$3.21	\$4.28
Employee + Family	\$18.54	\$9.27	\$12.36	\$9.94	\$4.97	\$6.63