

EFFECTIVE 11-1-24



Ameritas Vision Rates 2024-2025



	MONTHLY	PER PAY PERIOD
Employee Only	\$ 9.40	\$4.70
Employee + Spouse	\$ 15.00	\$7.50
Employee + Child(ren)	\$ 16.32	\$8.16
Employee + Family	\$ 25.40	\$12.70



Dental Rates 2024-2025 METLIFE DHMO & AMERITAS PPO



DMO - SGX225

	MONTHLY	PER PAY PERIOD
Employee Only	\$ 18.74	\$9.37
Employee + Spouse	\$ 35.84	\$17.92
Employee + Child(ren)	\$ 37.48	\$18.74
Employee + Family	\$ 53.40	\$26.70

PPO HIGH PLAN - \$1500

	MONTHLY	PER PAY PERIOD
Employee Only	\$ 40.84	\$20.42
Employee + Spouse	\$ 79.88	\$39.94
Employee + Child(ren)	\$ 83.36	\$41.68
Employee + Family	\$ 124.28	\$62.14

PPO LOW PLAN - \$1250

	MONTHLY	PER PAY PERIOD
Employee Only	\$ 29.80	\$14.90
Employee + Spouse	\$ 57.84	\$28.92
Employee + Child(ren)	\$ 60.40	\$30.20
Employee + Family	\$ 88.84	\$44.42