

January 1, 2026 - December 31, 2026 Dental Plan

*\$25 deductible per person - \$75.00 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	\$44.72	\$35.77	\$8.94	\$17.89	\$4.47	\$429.29	\$107.32
Family	\$121.95	\$97.56	\$24.39	\$48.78	\$12.20	\$1,170.76	\$292.69

Coverage (18 Pay)	Cost	Monthly Contribution		Per Paycheck (18)		Annual	
		Board	Employee	Board	Employee	Board	Employee
Single	\$59.62	\$47.70	\$11.92	\$23.85	\$5.96	\$429.29	\$107.32
Family	\$162.61	\$130.08	\$32.52	\$65.04	\$16.26	\$1,170.76	\$292.69

January 1, 2026 - December 31, 2026 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