



2025 Cost Sharing: Monthly & Bi-Weekly

Dental	Monthly Premium	Bi-Weekly Premium
Voluntary Dental - Base Plus Plan		
Employee Only	\$21.18	\$9.78
Employee + One	\$40.73	\$18.80
Employee and Family	\$72.97	\$33.68
Voluntary Dental - Flex Plan		
Employee Only	\$36.19	\$16.70
Employee + One	\$70.86	\$32.70
Employee and Family	\$121.32	\$55.99

Vision	Monthly Premium	Bi-Weekly Premium
Voluntary Vision		
Employee Only	\$7.02	\$3.24
Employee and Spouse	\$12.76	\$5.89
Employee and Child(ren)	\$13.38	\$6.18
Employee and Family	\$20.66	\$9.54