

## Blue Cross Blue Shield

Effective 1/1/2020

Dental HIGH Rates		
Coverage Options	Employee Cost Per Paycheck – 18 Pay Periods	Employee Cost Per Paycheck – 24 Pay Periods
Employee Only	\$14.42	\$10.82
Employee + Spouse	\$34.89	\$26.17
Employee + Child(ren)	\$44.51	\$33.38
Employee + Family	\$62.04	\$46.53

Dental LOW Rates		
Coverage Options	Employee Cost Per Paycheck – 18 Pay Periods	Employee Cost Per Paycheck – 24 Pay Periods
Employee Only	\$4.48	\$3.36
Employee + Spouse	\$16.76	\$12.57
Employee + Child(ren)	\$26.56	\$19.92
Employee + Family	\$39.59	\$29.70

Vision Rates		
Coverage Options	Employee Cost Per Paycheck – 18 Pay Periods	Employee Cost Per Paycheck – 24 Pay Periods
Employee Only	\$1.67	\$1.25
Employee + Spouse	\$4.99	\$3.75
Employee + Children	\$5.33	\$4.00
Family	\$9.33	\$7.00

[illegible]