

## Dental, Life & Vision Insurance FY2026 Insurance Rates

(Effective July 1, 2025 through June 30, 2026)

Plan	Monthly Premium	Annual Premium	Employee Contribution	Deduction per Pay Period				
				52	42	26	21	12
<b>CIGNA DENTAL - <u>Low Plan</u> (100% Paid by Employee)</b>								
Family	112.45	1,349.40	1,349.40	25.95	32.13	51.90	64.26	112.45
Single	43.42	521.04	521.04	10.02	12.41	20.04	24.81	43.42
<b>CIGNA DENTAL - <u>High Plan</u> (100% Paid by Employee)</b>								
Family	146.19	1,754.28	1,754.28	33.74	41.77	67.47	83.54	146.19
Single	56.44	677.28	677.28	13.02	16.13	26.05	32.26	56.44
<b>BOSTON MUTUAL GROUP LIFE INSURANCE (50% Paid by Employee)</b>								
	11.05	132.60	66.30	1.28	1.58	2.55	3.16	5.53
<b>VISION SERVICE PLAN INSURANCE (100% Paid by Employee)</b>								
Family	16.69	200.28	200.28	3.85	4.77	7.70	9.54	16.69
Single	6.04	72.48	72.48	1.39	1.73	2.79	3.45	6.04

**PLEASE NOTE: Rates subject to change without notice. There is a separate rate sheet for the GIC Medical Insurance.**



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