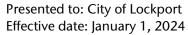
Voluntary rates





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The volume, lives, monthly costs and annual costs will be determined upon final enrollment.

Voluntary dental		
	Monthly rate	
Employee	\$22.56	
Employee & spouse	\$47.04	
Employee & child(ren)	\$66.22	
Family	\$95.92	

Rate guarantee: one year

Rate includes:

• Orthodontia - child

Voluntary vision all members		
	Monthly rate	
Employee	\$5.68	
Employee & Spouse	\$12.12	
Employee & Child(ren)	\$13.06	
Family	\$20.96	

Rate guarantee: two years

Insurance issued by Principal Life Insurance Company®, 711 High Street, Des Moines, IA 50392 Proposal number: 06082311168-16 Contract state: NY GP62985-4 | 10/2023 Today's date: 12/27/2023