



PERACare Active Monthly Dental and Vision Rates

Plan Years January 1, 2011, and July 1, 2011



CIGNA Dental

	Dental HMO	Dental PPO
Employee Only	\$12.72	\$32.02
Employee + Spouse	\$25.43	\$64.04
Employee + Child(ren)	\$29.25	\$73.65
Employee + Spouse + Child(ren)	\$40.70	\$102.47

Delta Dental

Employee Only	\$34.73
Employee + Spouse	\$69.46
Employee + Child(ren)	\$79.88
Employee + Spouse + Child(ren)	\$111.14

VSP Vision

	PPO #1	PPO #2	PPO #3
Employee Only	\$6.77	\$4.47	\$0.73
Employee + Spouse	\$10.85	\$7.19	\$1.14
Employee + Child(ren)	\$11.06	\$7.35	\$1.17
Employee + Spouse + Child(ren)	\$17.85	\$11.83	\$1.90