

**DENTAL AND VISION
SECRETARIAL/CLERICAL**

DENTAL RATES (ADN)					
		hours per day	6-7.9	4-5.9	
		monthly premium	25% contrib	50% contrib	COBRA
Non Coordinaton of Benefit Plan (Class 3)	(75/75/50)	35.98	9.00	17.99	36.70
Coordination of Benefits Plan (Class 4)	(50/50/50)	34.19	8.55	17.10	34.87

VISION RATES--004 (SET SEG)						
		hours per day	4-4.9	5-5.9	6-6.9	COBRA
		monthly premium	50% contrib	40% contrib	20% contrib	
SINGLE		2.85	1.43	1.14	0.57	2.91
FAMILY (2+)		7.84	3.92	3.14	1.57	8.00