



VOLUNTARY "WORKPLACE"

These monthly rates are for effective dates of January 1, 2010 through and including December 1, 2010.

DELTACARE USA – Dental			
Employee	Employee + Spouse	Employee + Child(ren)	Family
\$ 16.00	\$ 27.30	\$ 27.50	\$ 39.50

DESIGNER – Vision			
Employee	Employee + Spouse	Employee + Child(ren)	Family
\$ 9.10	\$ 16.10	\$ 17.00	\$ 26.60

PREMIER – Vision			
Employee	Employee + Spouse	Employee + Child(ren)	Family
\$ 10.60	\$ 18.80	\$ 19.70	\$ 31.00

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