

Voluntary Dental Insurance

OPEN ENROLLMENT:

August 2024

EFFECTIVE DATE:

09/01/24 - 8/31/2025

Coverage Plan

**FY25 renewal
monthly rates**

**PER PAY deduction
(24): ↓**

Employee (only)

\$ 32.14

\$ 16.07

Employee + Spouse

\$ 78.14

\$ 39.07

Employee + Children

\$ 88.84

\$ 44.42

Family

\$ 115.00

\$ 57.50

Contact the District office **by noon, August 31st** if you wish to enroll, cancel or make any changes to your existing coverage plan.