

Wood Dale SD 7 Dental/Vision Rates

Dental Plan	Type	Premium (Monthly)	Staff Contribution (per check) 26 checks
DHMO			
	Employee	\$18.03	\$8.32
	Employee + Spouse	\$36.00	\$16.62
	Employee + Child(ren)	\$41.18	\$19.01
	Family	\$63.86	\$29.47
NAP PX (PPO)			
	Employee	\$54.27	\$25.05
	Employee + Spouse	\$110.16	\$50.84
	Employee + Child(ren)	\$139.24	\$64.26
	Family	\$208.23	\$96.11

Vision Plan	Type	Premium (Monthly)	Staff Contribution (per check) 26 checks
DAVIS N33			
	Employee	\$8.28	\$3.82
	Employee + Spouse	\$13.93	\$6.43
	Employee + Child(ren)	\$14.20	\$6.55
	Family	\$22.48	\$10.38