

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