

2024 MONTHLY CONTRIBUTION RATES
Employee/Retiree Dental and Vision

4/30/2023 Census	Monthly Rate Change	EMPLOYEE & RETIREE DENTAL			
		PEB: Self-Insured Dental Plan (PEBC PPO Dental Plan: Delta Dental PPO Network & Delta Claims Administration)			
PEB Plan			Employee Contribution	Employer Contribution	Total Accrual
1967	\$2.16	Employee Only	\$35.16	\$0.00	\$35.16
524	\$3.93	Employee + Spouse	\$63.93	\$0.00	\$63.93
626	\$5.05	Employee + Child(ren)	\$82.05	\$0.00	\$82.05
451	\$6.95	Employee + Family	\$112.95	\$0.00	\$112.95
3568		ANT: Fully-Insured Dental Plan (PEBC DHMO Plan: Delta Dental HMO - National Network of DHMO Service Providers)			
ANT Plan			Employee Contribution	Employer Contribution	Total Provider Cost
755	\$0.00	Employee Only	\$11.94	\$0.00	\$11.94
180	\$0.00	Employee + Spouse	\$20.34	\$0.00	\$20.34
201	\$0.00	Employee + Child(ren)	\$26.84	\$0.00	\$26.84
145	\$0.00	Employee + Family	\$34.30	\$0.00	\$34.30
1281					

2023

**Employee
Contribution**
\$33.00
\$60.00
\$77.00
\$106.00

Rate Hold - No Change

**Employee
Contribution**
\$11.94
\$20.34
\$26.84
\$34.30

4/5/2022 Census	Monthly Rate Change	EMPLOYEE & RETIREE VISION			
		VIS: Fully-Insured Vision Services Plan (PEBC Vision Plan: VSP Network of Vision Service Providers)			
VIS Plan			Employee Contribution	Employer Contribution	Total Provider Cost
2282	\$0.00	Employee Only	\$6.25	\$0.00	\$6.25
582	\$0.00	Employee + Spouse	\$11.70	\$0.00	\$11.70
649	\$0.00	Employee + Child(ren)	\$12.45	\$0.00	\$12.45
471	\$0.00	Employee + Family	\$19.40	\$0.00	\$19.40
3984					

Rate Hold - No Change

**Employee
Contribution**
\$6.25
\$11.70
\$12.45
\$19.40

Dental and Vision Plan costs are fully-funded by Employee/Retiree premiums.