

Chayce Dental and Vision Insurance

	All amounts are per month			
	Employee	E + Spouse	E + Child	Family
Dental & Vision	\$23.12	\$43.43	\$47.58	\$64.29
Company Contrib.	\$11.56	\$11.56	\$11.56	\$11.56
Per Month Total	\$11.56	\$31.87	\$36.02	\$52.73
Deduction per paycheck	\$5.80	\$15.94	\$18.01	\$26.37
	<p>**Family is an Employee, Spouse and children [no limit on children]. On children, it is their legal children or court ordered. It includes children that they have court ordered responsibility</p>			