

# The Cost of Your Benefits

Clear 10 Vision - Solstice - 20 Pay Rates			
Coverage Tier	Employee	Employee + One	Employee + Two
	\$1.98	\$3.58	\$6.17

Dental - Solstice - 20 Pay Rates			
Plan Name	Employee	Employee + One	Employee + Two
Plan 11429	\$21.21	\$37.86	\$62.46
Plan 11430	\$16.70	\$28.01	\$49.17
Plan S200B Access+	\$7.25	\$13.15	\$18.71
Plan S700B Access+	\$5.13	\$8.95	\$13.30