

VILLAGE OF OLYMPIA FIELDS

2022 Dental Vision Insurance Rates

<b>(Monthly Rates)</b>	<b>HMO</b>	<b>PPO</b>
<b>Delta Dental</b>	<b>Rate 2022</b>	<b>Rate 2022</b>
Employee	\$ 16.34	\$ 43.26
Employee + 1 dependent	\$ 31.86	\$ 86.54
Family Plan	\$ 43.86	\$ 134.77

<b>(Monthly Rates)</b>	
<b>Delta Dental - Vision Rates</b>	<b>Rate 2022</b>
Employee	\$ 6.19
Employee + 1 dependent	\$ 12.08
Family Plan	\$ 18.11