

Covered Individual	Employee Cost Per Check	Employee Cost Per Month
Employee	\$ 19.42	\$ 38.84
Employee & Spouse	\$ 41.37	\$ 82.74
Employee & Child(ren)	\$ 44.95	\$ 89.90
Employee & Family	\$ 74.51	\$ 149.01

## Dental PPO

Covered Individual	Employee Cost Per Check	Employee Cost Per Month
Employee	\$ 6.50	\$ 12.99
Employee & Spouse	\$ 12.36	\$ 24.69
Employee & Child(ren)	\$ 13.00	\$ 26.00
Employee & Family	\$ 18.52	\$ 37.04

## Dental HMO

# 2019 UNIVERSITY OF DALLAS Vision & Dental

## Vision Basic

Covered Individual	Employee Cost Per Check	Employee Cost Per Month
Employee	\$ 2.08	\$ 4.16
Employee & Spouse	\$ 3.95	\$ 7.90
Employee & Child(ren)	\$ 4.16	\$ 8.32
Employee & Family	\$ 6.11	\$ 12.23

## Vision Enhanced

Covered Individual	Employee Cost Per Check	Employee Cost Per Month
Employee	\$ 4.62	\$ 9.23
Employee & Spouse	\$ 8.77	\$ 17.54
Employee & Child(ren)	\$ 9.23	\$ 18.46
Employee & Family	\$ 13.57	\$ 27.14