Allways Caring 2027 Benefit Rate Sheet

Medical Plans - Monthly Rates

Coverage Level	Imagine 900	Imagine 2000	Imagine 2800	Imagine 4000	Coupe
Employee Only	$436.90	$336.11	$344.84	$196.47	$442.03
Employee + Spouse	$1,463.11	$1,234.97	$1,258.69	$1,065.12	$1,474.92
Employee + Child(ren)	$789.16	$593.86	$615.37	$549.65	$798.92
Family	$1,805.77	$1,399.05	$1,424.75	$1,314.01	$1,822.20

Dental Insurance - Monthly Rates

Coverage Level	Preventative Plan	PPO Plus Plan
Employee Only	$15.30	$31.58
Employee + Spouse	$31.21	$64.42
Employee + Children	$35.96	$74.20
Family	$50.80	$104.83

Vision Insurance - Monthly Rates

Coverage Level	Low Plan	High Plan
Employee Only	$6.08	$8.49
Employee + Spouse	$10.63	$14.88
Employee + Children	$11.54	$16.14
Family	$17.60	$24.63