IBEW SCU-8 Dental Rates

FL Payroll Premium rates are Monthly for industry Class C.
Rate sheet prepared by WANDA

The rates shown on this insert page are for illustration purposes only; they do not imply coverage.
For more information about policy/plan benefits and limitations, please refer to the accompanying product brochure for each insurance policy/plan listed below.
The rates displayed are valid through 05/14/2026 and are subject to change.

DENTAL LEVEL 1 - Series A-82200R

Age	Coverage	Premium	Total
18-70	INDIVIDUAL	$30.29	**$30.29**
18-70	INSURED/SPOUSE	$58.89	**$58.89**
18-70	ONE-PARENT FAMILY	$58.11	**$58.11**
18-70	TWO-PARENT FAMILY	$87.88	**$87.88**

DENTAL LEVEL 2 - Series A-82300R

Age	Coverage	Premium	Total
18-70	INDIVIDUAL	$37.05	**$37.05**
18-70	INSURED/SPOUSE	$72.54	**$72.54**
18-70	ONE-PARENT FAMILY	$72.02	**$72.02**
18-70	TWO-PARENT FAMILY	$108.42	**$108.42**

DENTAL LEVEL 3 - Series A-82400R

Age	Coverage	Premium	Total
18-70	INDIVIDUAL	$53.69	**$53.69**
18-70	INSURED/SPOUSE	$106.73	**$106.73**
18-70	ONE-PARENT FAMILY	$105.69	**$105.69**
18-70	TWO-PARENT FAMILY	$158.73	**$158.73**