FL Payroll Premium rates are Biweekly for industry Class A.
Rate sheet prepared by JESSICA GODWIN 11/9/26 4:15 PM

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 11/09/2026 and are subject to change.

DENTAL LEVEL 1 - Series A-82200R

* = Optional Orthodontic Rider (Series A82050) premium;** = Optional Cosmetic Rider (Series A82051) premium

Age	Coverage	Premium	Orthodontic Rider*	Cosmetic Rider**	Total
18-70	INDIVIDUAL	$13.98	$10.92	$11.82	**$36.72**
18-70	INSURED/SPOUSE	$27.18	$11.94	$11.82	**$50.94**
18-70	ONE-PARENT FAMILY	$26.82	$11.94	$11.82	**$50.58**
18-70	TWO-PARENT FAMILY	$40.56	$11.94	$11.82	**$64.32**

DENTAL LEVEL 2 - Series A-82300R

* = Optional Orthodontic Rider (Series A82050) premium;** = Optional Cosmetic Rider (Series A82051) premium

Age	Coverage	Premium	Orthodontic Rider*	Cosmetic Rider**	Total
18-70	INDIVIDUAL	$17.10	$10.92	$11.82	**$39.84**
18-70	INSURED/SPOUSE	$33.48	$11.94	$11.82	**$57.24**
18-70	ONE-PARENT FAMILY	$33.24	$11.94	$11.82	**$57.00**
18-70	TWO-PARENT FAMILY	$50.04	$11.94	$11.82	**$73.80**

VISION NOW - Series VSN100

Age	Individual	Insured/Spouse	One Parent Family	Two Parent Family
18-39	$4.98	$7.86	$8.22	**$10.38**
40-49	$6.78	$11.46	$9.48	**$13.44**
50-70	$10.20	$17.58	$11.82	**$17.94**