

**2017 PREMIUMS**

LINCOLN FINANCIAL  
VOLUNTARY DENTAL PLAN PREMIUMS  
HIGH OPTION

Tier	Per Month	Per Pay Period 24 Pay Periods	Per Pay Period 18 Pay Periods
Employee	\$37.54	\$18.77	\$25.03
Employee + Spouse	\$71.32	\$35.66	\$47.55
Employee + Children	\$87.18	\$43.59	\$58.12
Family	\$116.11	\$58.06	\$77.41

LOW OPTION

Tier	Per Month	Per Pay Period 24 Pay Periods	Per Pay Period 18 Pay Periods
Employee	\$21.16	\$10.58	\$14.11
Employee + Spouse	\$41.44	\$20.72	\$27.63
Employee + Children	\$57.62	\$28.81	\$38.41
Family	\$79.14	\$39.57	\$52.76

LINCOLN FINANCIAL  
VOLUNTARY SPECTERA VISION INSURANCE PREMIUMS

Tier	Per Month	Per Pay Period 24 Pay Periods	Per Pay Period 18 Pay Periods
Employee	\$6.06	\$3.03	\$4.04
Employee + Family	\$15.14	\$7.57	\$10.09