VIZIA Diagnostics

January 1, 2027 - December 31, 2027

FULL-TIME EMPLOYEES

BI-WEEKLY

PAYROLL DEDUCTIONS

HEALTH INSURANCE

CURATIVE	PPOX	PPO & CHIRO	PPO MAX
Employee Only	$ 27.08	$ 88.04	$ 163.87
Employee + Spouse	$ 69.32	$ 214.89	$ 374.12
Employee + Child(ren)	$ 55.80	$ 179.76	$ 327.63
Employee + Family	$ 91.12	$ 308.92	$ 540.19

DENTAL INSURANCE

SUN LIFE	PPO LOW	PPO HIGH
Employee Only	$ 6.34	$ 14.90
Employee + Spouse	$ 10.74	$ 27.51
Employee + Child(ren)	$ 12.30	$ 29.06
Employee + Family	$ 22.70	$ 47.99

VISION INSURANCE

SUN LIFE	VISION PLAN
Employee Only	$ 3.18
Employee + Spouse	$ 6.37
Employee + Child(ren)	$ 6.82
Employee + Family	$ 10.90

Additional voluntary benefits

Please refer to your charts for pricing for Voluntary Life and other Supplemental Policies that are also available for your consideration.