



FY 2011-12
Schools Insurance Group
Dental & Vision Rates
For Active & Retired Employees

Dental Plans	SIG Code	Composite CxxxSA	Subscriber Only Txxx00	Sub + Spouse TxxxS0	Sub + Children Txxx0A	Sub + Family TxxxSA
Dental I w/50% ortho \$1,000 Max	DEL1X	\$94.25				
Dental I w/50% ortho \$1,500 Max	DEL1A	\$108.00				
Dental I w/50% ortho \$2,000 Max	DEL1B	\$119.75				
Dental II w/o ortho \$1,000 Max	DEL2X	\$83.25	\$45.50	\$91.00	\$81.50	\$127.00
Dental II w/o ortho \$1,500 Max	DEL2A	\$96.25	\$53.00	\$106.00	\$95.00	\$148.00
Dental II w/o ortho \$2,000 Max	DEL2B	\$107.00	\$59.50	\$119.00	\$107.00	\$166.50
Dental III w/50% ortho \$750 Max	DEL3X	\$74.75				
Dental IV w/o ortho \$750 Max	DEL4X	\$63.50				
Vision Plans	SIG Code	Composite CxxxSA	Subscriber Only Txxx00			
Plan B - no deductible	VSB00	\$22.25	\$8.90			
Plan C - no deductible	VSC00	\$26.85				
Plan C - \$5 deductible	VSC05	\$21.85				
Plan C - \$10 deductible	VSC10	\$20.40	\$9.40			
<i>New vision accounts are subject to a 20% surcharge the first year and 10% the second year.</i>						