

Anglican Church in North America group Dental and Vision Coverage

Prices effective 1/1/2020 - 12/31/2022

Employees may elect this optional coverage regardless of whether or not they enroll in the health plan. Please submit the healthcare enrollment form and select dental and/or vision.

Voluntary Vision:

Cost will be entered as a separate line item at billing.

Employee	\$ 6.65
Employee + Spouse	\$ 12.63
Employee + Child(ren)	\$ 13.29
Employee + Family	\$ 19.54

Voluntary Dental:

Cost will be entered as a separate line item at billing.

Employee	\$ 37.87
Employee + Spouse	\$ 77.19
Employee + Child(ren)	\$ 88.25
Employee + Family	\$ 132.60