## **HCPSS Annual Dental Rates 2026**

Coverage	<u>Annual Rates</u>	Per Pay, 20 Periods
CIGNA — DPPO		
Employee	\$526.20	\$26.31
Employee/Child(ren)	\$851.15	\$42.56
Employee/Spouse	\$1,213.33	\$60.67
Family	\$1,637.52	\$81.88

## **Aetna DHMO**

Employee	\$140.64	\$7.03
Employee/Child(ren)	\$315.48	\$15.77
Employee/Spouse	\$239.16	\$11.96
Family	\$443.88	\$22.19

## **HCPSS Annual Vision Rates 2026**

Coverage	<u>Annual Rates</u>	<u>Per Pay, 20 Periods</u>
VSP Vision		
Employee	\$80.65	\$4.03
Employee/Child(ren)	\$109.68	\$5.48
Employee/Spouse	\$161.45	\$8.07
Family	\$204.51	\$10.23