



SPECIAL EDUCATION DISTRICT 801

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hcsed.org

**HUMANA Coverage
Rate Detail for Renewing Plans**

	2020 Monthly Rates	2021 Monthly Rates
Dental		
Employee Only	\$38.02	\$38.02
Employee+Spouse	\$76.33	\$76.33
Employee+Child(ren)	\$104.47	\$104.47
Family	\$104.47	\$104.47
Vision		
Employee Only	\$12.62	\$13.38
Employee+Spouse	\$21.28	\$22.56
Employee+Child(ren)	\$21.71	\$23.01
Family	\$34.33	\$36.39
Life		
Employee Only	\$1.10	\$1.10