Chippewa Valley Schools

Support Dental and Vision Rates Effective 1/1/2027

Dental - ADN Administrators

Plan	Monthly Premium	50% 4 - 5.9 Hours/Day (50% Share)	25% 6 - 7.9 Hours/Day 25% Share)
Non COB Class 5 (80/80/50)	$ 48.28	**$ 24.14**	**$ 12.07**
COB Class 6 (50/50/50)	$ 55.37	**$ 27.69**	**$ 13.84**

Monthly COBRA Rates- Non COB Class 5 Plan

Coverage Tier	Base Rate	Rate with 2% Fee
Single	$ 26.87	**$ 27.41**
Two-Person	$ 53.73	**$ 54.80**
Family	$ 85.98	**$ 87.70**

Monthly COBRA Rates- COB Class 6 Plan

Coverage Tier	Base Rate	Rate with 2% Fee
Single	$ 24.96	**$ 25.46**
Two-Person	$ 49.92	**$ 50.92**
Family	$ 79.88	**$ 81.48**

Vision - National Vision Administrators (NVA)

Plan	Monthly Premium	50% 4 - 5.9 Hours/Day (50% Share)	25% 6 - 7.9 Hours/Day 25% Share)	COBRA (Includes 2% Fee)
Single	$ 3.17	**$ 1.59**	**$ 0.79**	**$ 3.23**
Two-Person and Family	$ 9.78	**$ 4.89**	**$ 2.45**	**$ 9.98**