DENTAL INSURANCE

24 PAY	STANDARD PLAN	
	EE Per Month	EE Per Pay
Single	$ 31.57	$ 15.79
EE + Spouse	$ 64.93	$ 32.47
EE + Children	$ 58.84	$ 29.42
Family	$ 86.16	$ 43.08

24 PAY	HIGH PLAN	
	EE Per Month	EE Per Pay
Single	$ 36.28	$ 18.14
EE + Spouse	$ 74.64	$ 37.32
EE + Children	$ 67.66	$ 33.83
Family	$ 99.04	$ 49.52

20 PAY	STANDARD PLAN	
	EE Per Month	EE Per Pay
Single	$ 37.88	$ 18.94
EE + Spouse	$ 77.92	$ 38.96
EE + Children	$ 70.61	$ 35.30
Family	$ 103.39	$ 51.70

20 PAY	HIGH PLAN	
	EE Per Month	EE Per Pay
Single	$ 43.54	$ 21.77
EE + Spouse	$ 89.57	$ 44.78
EE + Children	$ 81.19	$ 40.60
Family	$ 118.85	$ 59.42

19 PAY	STANDARD PLAN	
	EE Per Month	EE Per Pay
Single	$ 39.88	$ 19.94
EE + Spouse	$ 82.02	$ 41.01
EE + Children	$ 74.32	$ 37.16
Family	$ 108.83	$ 54.42

19 PAY	HIGH PLAN	
	EE Per Month	EE Per Pay
Single	$ 45.83	$ 22.91
EE + Spouse	$ 94.28	$ 47.14
EE + Children	$ 85.47	$ 42.73
Family	$ 125.10	$ 62.55