

Dental Premiums

Employee Premium Per Pay Period

PLAN	TIER	PREMIUM AMOUNT			
		FULL-TIME		PART-TIME	
		Current (24)	Future (26)	Current (24)	Future (26)
Cigna Pre-Paid (DHMO)	Employee	2.37	2.19	3.50	3.33
	Employee + Spouse	4.47	4.13	6.15	5.85
	Employee + Child(ren)	5.82	5.37	8.33	7.94
	Employee + Family	6.69	6.18	9.72	9.27
Cigna Dental (PPO)	Employee	8.97	8.28	14.23	13.14
	Employee + Spouse	19.74	18.22	31.32	28.91
	Employee + Child(ren)	21.35	19.71	33.88	31.27
	Employee + Family	27.41	25.30	43.50	40.15
Delta Dental (PPO)	Employee	11.21	10.35	15.72	14.51
	Employee + Spouse	24.70	22.80	34.66	31.99
	Employee + Child(ren)	26.74	24.68	37.50	34.62
	Employee + Family	34.46	31.81	48.26	44.55