

## DENTAL PLAN PREMIUMS

Coverage Level	HMO Plan	PPO Plus Premier Plan
<b>Monthly Cost</b>		
Employee	\$34.00	\$34.00
Plus Spouse	\$66.86	\$66.86
Plus Child(ren)	\$65.11	\$65.11
Family	\$121.69	\$121.69
<b>Bi-weekly Cost</b>		
Employee	\$15.69	\$15.69
Plus Spouse	\$30.86	\$30.86
Plus Child(ren)	\$30.05	\$30.05
Family	\$56.16	\$56.16