

Dental Rates

7-1-2019 thru 6-30-2020

Guardian Dental - PPO	Total Premium	Employer Contribution Per Month	Employee Contribution per month	Employee Contribution per pay
Coverage Level	Value Plan #1			
Individual	16.45	8.05	8.40	4.20
Individual/Child(ren)	42.87	21.00	21.87	10.94
Individual/Spouse	33.40	16.36	17.04	8.52
Family	63.88	31.29	32.59	16.30

Cost Share

ER	EE
48.9%	51.1%
49.0%	51.0%
49.0%	51.0%
49.0%	51.0%

Guardian Dental- PPO	Total Premium	Employer Contribution Per Month	Employee Contribution per month	Employee Contribution per pay
Coverage Level	Premier Plan #2			
Individual	26.66	13.06	13.60	6.80
Individual/Child(ren)	70.84	34.70	36.14	18.07
Individual/Spouse	54.13	26.51	27.62	13.81
Family	105.11	51.49	53.62	26.81

Cost Share

ER	EE
49.0%	51.0%
49.0%	51.0%
49.0%	51.0%
49.0%	51.0%