Non State - Employer Rates (Monthly)

Plan Year 2020

Rates effective 7/1/2020 (3.5% increase)

Employee Category	Plan A, C, J, N, Q Employer	Dental 2020
Full-Time		
Employee Only	$722.02	$48.98
Employee + Spouse	$1,267.36	$83.42
Employee + Children	$1,267.36	$83.42
Employee + Family	$1,267.36	$83.42
Part-Time		
Employee Only	$564.40	$37.04
Employee + Spouse	$993.02	$63.02
Employee + Children	$993.02	$63.02
Employee + Family	$993.02	$63.02

Draft

Rates effective 7/1/2020 (4.5% increase)

Employee Category	Plan A, C, J, N, Q Employer	Dental 2020
Full-Time		
Employee Only	$729.00	$48.98
Employee + Spouse	$1,279.60	$83.42
Employee + Children	$1,279.60	$83.42
Employee + Family	$1,279.60	$83.42
Part-Time		
Employee Only	$569.84	$37.04
Employee + Spouse	$1,002.62	$63.02
Employee + Children	$1,002.62	$63.02
Employee + Family	$1,002.62	$63.02

Draft

Rates effective 7/1/2020 (5% increase)

Employee Category	Plan A, C, J, N, Q Employer	Dental 2020
Full-Time		
Employee Only	$732.48	$48.98
Employee + Spouse	$1,285.74	$83.42
Employee + Children	$1,285.74	$83.42
Employee + Family	$1,285.74	$83.42
Part-Time		
Employee Only	$572.58	$37.04
Employee + Spouse	$1,007.42	$63.02
Employee + Children	$1,007.42	$63.02
Employee + Family	$1,007.42	$63.02

Draft

Rates effective 7/1/2019 (Current)

Employee Category	Plan A, C, J, N, Q Employer	Dental 2019
Full-Time		
Employee Only	$697.60	$47.47
Employee + Spouse	$1,224.50	$80.85
Employee + Children	$1,224.50	$80.85
Employee + Family	$1,224.50	$80.85
Part-Time		
Employee Only	$545.30	$35.89
Employee + Spouse	$959.44	$61.08
Employee + Children	$959.44	$61.08
Employee + Family	$959.44	$61.08