

# DENTAL INSURANCE PREMIUM RATES

January 1, 2025 to December 31, 2025

<b><u>PPO Network</u></b>	<b><u>Per Pay</u></b>	<b><u>Monthly</u></b>	<b><u>COBRA</u></b>
Employee	\$ 8.98	\$17.96	\$18.32
Employee + Spouse	\$17.96	\$35.92	\$36.64
Employee + Child(ren)	\$25.50	\$51.00	\$52.02
Employee + Family	\$40.62	\$81.24	\$82.86

<b><u>Premier Network</u></b>	<b><u>Per Pay</u></b>	<b><u>Monthly</u></b>	<b><u>COBRA</u></b>
Employee	\$15.56	\$ 31.12	\$ 31.74
Employee + Spouse	\$31.09	\$ 62.18	\$ 63.42
Employee + Child(ren)	\$31.33	\$ 62.66	\$ 63.91
Employee + Family	\$57.92	\$115.84	\$118.16