

DENTAL INSURANCE RATES

January 1, 2015 to December 31, 2016

<u>Network</u>	Per Pay	Monthly	COBRA
Employee	\$8.30	16.60	16.93
Employee + Spouse	\$16.61	33.22	33.88
Employee + Child(ren)	\$23.58	47.16	48.10
Employee + Family	\$37.56	75.12	76.62

Premier

Employee	\$14.38	28.76	29.34
Employee + Spouse	\$28.75	57.50	58.65
Employee + Child(ren)	\$28.97	57.94	59.10
Employee + Family	\$53.56	107.12	109.26