

2020-2021 Per Pay Period Premium Dental



Plan	Tier	Part-Time Active EMPLOYER Premium Per Pay Period	Part-Time Active EMPLOYEE Premium Per Pay Period	Full-Time Active EMPLOYER Premium Per Pay Period	Full-Time Active EMPLOYEE Premium Per Pay Period
Cigna Prepaid (DHMO)	Employee	1.13	3.50	2.26	2.37
	Employee + Spouse	1.68	6.15	3.36	4.47
	Employee + Child(ren)	2.51	8.33	5.02	5.82
	Employee + Family	3.04	9.72	6.07	6.69
Cigna (PPO)	Employee	5.17	13.96	10.33	8.80
	Employee + Spouse	11.38	30.74	22.76	19.36
	Employee + Child(ren)	12.30	33.26	24.60	20.96
	Employee + Family	15.77	42.72	31.54	26.95
Delta (PPO)	Employee	4.91	17.10	9.82	12.19
	Employee + Spouse	10.83	37.67	21.65	26.85
	Employee + Child(ren)	11.70	40.77	23.39	29.08
	Employee + Family	15.00	52.47	30.00	37.47