

2017 DENTAL PREMIUMS FACULTY AND STAFF | COBRA

DENTAL PLAN	PREMIUM
CIGNA	
EMPLOYEE ONLY	\$19.07
EMPLOYEE + CHILD	\$36.43
EMPLOYEE + CHILDREN	\$40.15
EMPLOYEE + SPOUSE	\$33.64
EMPLOYEE + FAMILY	\$56.85
DELTA DENTAL	
EMPLOYEE ONLY	\$48.76
EMPLOYEE + CHILD	\$111.83
EMPLOYEE + CHILDREN	\$124.87
EMPLOYEE + SPOUSE	\$106.79
EMPLOYEE + FAMILY	\$171.27

*NOTE: All premiums shown reflect full-time premiums.