## 2021 MONTHLY DENTAL RATES All Employees (except SPOC-Covered)

Full-Time (30+ Hours per Week)

Part-Time (20-29 Hours per Week)

	Code	Total Premium	State Share	Employee Share	Code	Total Premium	State Share	Employee Share
Single	DE400	\$31.00	\$31.00	\$0.00	DE500	\$31.00	\$16.00	\$15.00
Family	DE600	\$83.00	\$41.50	\$41.50	DE700	\$83.00	\$21.00	\$62.00