

2019 MONTHLY HEALTH AND 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	\$29.85	\$29.85	\$0.00	DE500	\$29.85	\$14.93	\$14.92
Family	DE600	\$80.22	\$40.12	\$40.10	DE700	\$80.22	\$20.06	\$60.16
DS Contract Holder	DE800	\$40.11	\$20.07	\$20.04	DE900	\$40.11	\$10.05	\$30.06
DS Contributing Spouse	DE810	\$40.11	\$20.07	\$20.04	DE910	\$40.11	\$10.05	\$30.06
FT/PT DS Contract Holder	DE300	\$40.11	\$20.07	\$20.04	DE300	\$40.11	\$20.07	\$20.04
FT/PT DS Contributing Spouse	DE310	\$40.11	\$20.07	\$20.04	DE310	\$40.11	\$20.07	\$20.04