

## 2020 MONTHLY HEALTH AND DENTAL RATES All Employees (except SPOC-Covered)

Full-Time (30+ Hours per Week)

Part-Time (20-29 Hours per Week)

		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
<b>DENTAL</b>								
Single	<b>DE400</b>	\$30.60	\$30.60	\$0.00	<b>DE500</b>	\$30.60	\$15.30	\$15.30
Family	<b>DE600</b>	\$82.24	\$41.12	\$41.12	<b>DE700</b>	\$82.24	\$20.56	\$61.68
DS Contract Holder	<b>DE800</b>	\$41.12	\$20.56	\$20.56	<b>DE900</b>	\$41.12	\$10.28	\$30.84
DS Contributing Spouse	<b>DE810</b>	\$41.12	\$20.56	\$20.56	<b>DE910</b>	\$41.12	\$10.28	\$30.84