

# 2015 Dental Insurance Monthly Premiums

## SPOC-covered Employees



<b>Coverage</b>	<b>Total Monthly Premium</b>	<b>State Share</b>	<b>% Premium</b>	<b>EE Share</b>	<b>% Premium</b>
Single	\$31.45	\$31.45	100%	\$0.00	0%
Family	\$79.09	\$61.09	77%	\$18.00	23%
Double Spouse Contract Holder	\$39.54	\$39.54	100%	\$0.00	0%
Double Spouse Contributing Spouse	\$39.54	\$39.54	100%	\$0.00	0%