# 2018 Dental Plan Bi-Weekly Premium Rates

| | HIGH OPTION PLAN | | | | LOW OPTION PLAN | | | |
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| **ON THE LIST BELOW, LOCATE THE STATE YOU LIVE IN** | **Member Only** | **Member & Spouse/Domestic Partner** | **Member & Child** | **Member & Family** | **Member Only** | **Member & Spouse/Domestic Partner** | **Member & Child** | **Member & Family** |
| ND, SC | $13.48 | $25.75 | $21.56 | $38.32 | $10.29 | $20.64 | $16.68 | $29.33 |
| AL, AR, GA, IA, ID, KY, MS, NC, NE, WI, WV, WY | $15.14 | $28.93 | $24.21 | $43.05 | $11.58 | $23.20 | $18.75 | $32.95 |
| HI, IN, KS, LA, ME, MN, MO, NM, OH, OK, TN, UT, VT | $16.63 | $31.79 | $26.61 | $47.31 | $12.71 | $25.49 | $20.57 | $36.19 |
| AZ, CO, DE, IL, MD, NV, PA, RI | $18.14 | $34.65 | $29.01 | $51.56 | $13.85 | $27.78 | $22.44 | $39.46 |
| DC, FL, MA, MI, NJ, TX, VA | $19.79 | $37.83 | $31.66 | $56.30 | $15.12 | $30.32 | $24.49 | $43.08 |
| CA, CT | $21.29 | $40.69 | $34.06 | $60.56 | $16.27 | $32.61 | $26.34 | $46.33 |
| NY | $23.28 | $44.50 | $37.25 | $66.24 | $17.79 | $35.67 | $28.82 | $50.68 |
| To add optional Orthodontic Coverage, check off "Yes" on the Activation Form. Your selected premium will automatically be increased by 10%. | | | | | | | | |
| **Optional Orthodontic Coverage ONLY Applies to insured dependent children under 19** | | | | | | | | |
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