Dental Plan Bi-Weekly Premium Rates

ON THE LIST BELOW, LOCATE THE STATE YOU LIVE IN	HIGH OPTION PLAN				LOW OPTION PLAN			
	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, WA	$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