Retiree & Associate Member-Dental Plan Monthly 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	$29.21	$55.80	$46.70	$83.03	$22.30	$44.72	$36.13	$63.55
AL, AR, GA, IA, ID, KY, MS, NC, NE, WI, WV, WY	$32.80	$62.69	$52.47	$93.27	$25.08	$50.25	$40.61	$71.40
HI, IN, KS, LA, ME, MN, MO, NM, OH, OK, TN, UT, VT	$36.04	$68.87	$57.66	$102.50	$27.55	$55.23	$44.59	$78.41
AZ, CO, DE, IL, MD, NV, PA, RI	$39.30	$75.08	$62.84	$111.73	$30.02	$60.19	$48.62	$85.49
DC, FL, MA, MI, NJ, TX, VA	$42.90	$81.97	$68.61	$121.98	$32.77	$65.70	$53.08	$93.34
CA, CT, WA	$46.12	$88.16	$73.80	$131.21	$35.27	$70.66	$57.09	$100.39
NY	$50.46	$96.42	$80.72	$143.51	$38.54	$77.29	$62.43	$109.80

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