

Retiree & Associate Member-Dental Plan Monthly Premium Rates *

<u>ON THE LIST BELOW, LOCATE THE STATE YOU LIVE IN</u>	<u>HIGH OPTION PLAN</u>				<u>LOW OPTION PLAN</u>			
	Member Only	Member & Spouse/Domestic Partner	Member & Child	Member & Family	Member Only	Member & Spouse/Domestic Partner	Member & Child	Member & Family
ND, SC, SD	\$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, MN, MO, MT, OH, OK, TN, VT	\$36.04	\$68.87	\$57.66	\$102.50	\$27.55	\$55.23	\$44.59	\$78.41
AZ, CO, DE, IL, 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								
*Rates current as of 01/01/2017								