

Dental Plan Bi-Weekly Premium Rates

ON THE LIST BELOW, LOCATE THE STATE YOU LIVE IN	<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	\$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