

GROUP DENTAL INSURANCE

1/1/2018

CHOICE OF PLANS	HIGH OPTION	LOW OPTION
TYPE OF COVERAGE	MONTHLY PREMIUM AMOUNT	
Retiree Only:	\$30.18	\$13.02
Retiree / Spouse:	\$52.29	\$22.56
Retiree / Child(ren):	\$52.10	\$22.47
Retiree / Family:	\$80.56	\$34.78

