

Base Dental Plan Premiums	24 PP	24 PP	12 PP	12 PP
Coverage Level	Current	New 7/1/21	Current	New 7/1/21
Employee	\$16.20	\$8.10	\$32.40	\$16.20
Employee + Spouse	\$32.35	\$24.25	\$64.70	\$48.50
Employee + Child(ren)	\$35.41	\$27.31	\$70.82	\$54.62
Employee + Family	\$51.56	\$43.46	\$103.12	\$86.92

Enhanced Dental Premiums	24 PP	24 PP	12 PP	12 PP
Coverage Level	Current	New 7/1/21	Current	New 7/1/21
Employee	\$26.17	\$18.07	\$52.34	\$36.14
Employee + Spouse	\$52.25	\$44.15	\$104.50	\$88.30
Employee + Child(ren)	\$53.28	\$45.18	\$106.56	\$90.36
Employee + Family	\$79.37	\$71.27	\$158.74	\$142.54