



2024 Monthly Dental Premiums

	CIGNA DHMO (PREPAID PROVIDER) PLAN			DELTA DENTAL DPPO PLAN		
ACTIVE MEMBERS	TOTAL PREMIUM (LOCAL EDUCATION, LOCAL GOVERNMENT, AND STATE OFFLINE AGENCIES)	CENTRAL STATE GOVERNMENT AND STATE HIGHER EDUCATION EMPLOYEE PREMIUM	CENTRAL STATE GOVERNMENT AND STATE HIGHER EDUCATION EMPLOYER PREMIUM	TOTAL PREMIUM (LOCAL EDUCATION, LOCAL GOVERNMENT, AND STATE OFFLINE AGENCIES)	CENTRAL STATE GOVERNMENT AND STATE HIGHER EDUCATION EMPLOYEE PREMIUM	CENTRAL STATE GOVERNMENT AND STATE HIGHER EDUCATION EMPLOYER PREMIUM
Employee Only	\$14.19	\$7.09	\$7.10	\$20.02	\$10.01	\$10.01
Employee + Child(ren)	\$29.47	\$14.73	\$14.74	\$53.23	\$26.61	\$26.62
Employee + Spouse	\$25.15	\$12.57	\$12.58	\$39.37	\$19.68	\$19.69
Employee + Spouse + Child(ren)	\$34.58	\$17.29	\$17.29	\$81.53	\$40.76	\$40.77
COBRA PARTICIPANTS						
Employee Only/Single		\$14.47			\$20.42	
Employee + Child(ren)		\$30.06			\$54.29	
Employee + Spouse		\$25.65			\$40.16	
Employee + Spouse + Child(ren)		\$35.27			\$83.16	
COBRA DISABILITY PARTICIPANTS						
Employee Only/Single		\$21.29			\$30.03	
Employee + Child(ren)		\$44.21			\$79.85	
Employee + Spouse		\$37.73			\$59.06	
Employee + Spouse + Child(ren)		\$51.87			\$122.30	
RETIREE PARTICIPANTS						
Retiree Only		\$15.77			\$26.87	
Retiree + Child(ren)		\$32.74			\$60.69	
Retiree + Spouse		\$27.95			\$52.96	
Retiree + Spouse + Child(ren)		\$38.40			\$95.90	