

2021 Dental Plan Premiums

Pay Period				
Full Time	Total Premium	EE	Mission	COBRA Monthly
Employee	\$17.19	\$4.59	\$12.60	\$37.99
Employee + Spouse	\$44.70	\$33.63	\$11.07	\$98.79
Employee + Child	\$28.54	\$21.46	\$7.08	\$63.07
Employee + Children	\$39.54	\$29.76	\$9.78	\$87.40
Family	\$60.35	\$45.39	\$14.96	\$133.37
Part-Time	Total Premium	EE	Mission	COBRA Monthly
Employee	\$17.19	\$12.27	\$4.92	\$37.99
Employee + Spouse	\$44.70	\$42.74	\$1.96	\$98.79
Employee + Child	\$28.54	\$27.29	\$1.25	\$63.07
Employee + Children	\$39.54	\$37.82	\$1.72	\$87.40
Family	\$60.35	\$57.68	\$2.67	\$133.37