

2021-22 Employee Dental Insurance Costs

DENTAL PREMIUM INFORMATION:

	Annual Premium	Monthly Premium
Single	\$496.44	\$41.37
Family	\$1,362.72	\$113.56

DISTRICT CONTRIBUTION/EMPLOYEE OUT OF POCKET PER PAY PERIOD:

DENTAL:	PRINCIPALS	BAND D	NUTRITION SERVICE		CLERICAL	TRANSPORTATION			
						Option 1		Option 2	
Single Yearly Benefit	\$1,100	\$920	\$375		\$400	\$375		-	
Family Yearly Benefit	\$1,100	\$920	\$375		\$400	\$375		\$1,100	
	24 pay	24 pay	19 Pay	24 Pay	24 Pay	19 Pay	24 Pay	19 Pay	24 Pay
Single	\$ -	\$ -	\$6.39	\$5.06	\$4.02	\$6.39	\$5.06	-	-
Family	\$10.95	\$18.45	\$51.99	\$41.16	\$40.11	\$51.99	\$41.16	\$ -	\$ -

DENTAL:	BAND E	CUSTODIAL*	SUPPORT STAFF		TECHNICIANS	TEACHERS	
Single Yearly Benefit	\$1,100	\$400	\$375		\$400	\$455	
Family Yearly Benefit	\$1,100	\$400	\$375		\$400	\$455	
	24 Pay	24 Pay	19 Pay	24 Pay	24 Pay	18 Pay	24 Pay
Single	\$ -	\$4.02	\$6.39	\$5.06	\$4.02	\$2.30	\$1.73
Family	\$10.95	\$40.11	\$51.99	\$41.16	\$40.11	\$50.43	\$37.82

*Rates are subject to change pending contract settlement