

2027 Monthly Dental Premiums

	CIGNA DHMO (PREPAID PROVIDER) PLAN			METLIFE DPPO PLAN		
	TOTAL PREMIUM LOCAL EDUCATION, LOCAL GOVERNMENT	STATE GOVERNMENT AND HIGHER EDUCATION EMPLOYEE PREMIUM	STATE GOVERNMENT AND HIGHER EDUCATION EMPLOYER PREMIUM	TOTAL PREMIUM LOCAL EDUCATION, LOCAL GOVERNMENT	STATE GOVERNMENT AND HIGHER EDUCATION EMPLOYEE PREMIUM	STATE GOVERNMENT AND HIGHER EDUCATION EMPLOYER PREMIUM
ACTIVE MEMBERS						
Employee Only	\$14.69	\$7.34	\$7.35	\$20.32	\$10.16	\$10.16
Employee + Child(ren)	\$30.50	\$15.25	\$15.25	\$67.54	\$33.77	\$33.77
Employee + Spouse	\$26.03	\$13.01	\$13.02	\$39.96	\$19.98	\$19.98
Employee + Spouse + Child(ren)	\$35.79	\$17.89	\$17.90	\$99.47	\$49.73	\$49.74
COBRA PARTICIPANTS						
Employee Only	\$14.98			\$20.73		
Employee + Child(ren)	\$31.11			\$68.89		
Employee + Spouse	\$26.55			\$40.76		
Employee + Spouse + Child(ren)	\$36.51			\$101.46		
COBRA DISABILITY PARTICIPANTS						
Employee Only	\$22.04			\$30.48		
Employee + Child(ren)	\$45.75			\$101.31		
Employee + Spouse	\$39.05			\$59.94		
Employee + Spouse + Child(ren)	\$53.69			\$149.21		
RETIREE PARTICIPANTS						
Employee Only	\$16.32			\$28.91		
Employee + Child(ren)	\$33.88			\$65.30		
Employee + Spouse	\$28.93			\$56.99		
Employee + Spouse + Child(ren)	\$39.74			\$103.18		