

DENTAL INSURANCE RATES EFFECTIVE JULY 1, 2009

	<u>Total Cost</u>	<u>MONTHLY Full-Time College/Employee</u>	<u>BIWEEKLY Full-Time College/Employee</u>	<u>MONTHLY Part-Time College/Employee</u>	<u>BIWEEKLY Part-Time College/Employee</u>
Blue Cross / Blue Shield Dental Blue					
Individual	\$ 35.17	\$ 29.89 / \$ 5.28	\$ 13.80 / \$ 2.43	\$ 15.12 / \$ 20.05	\$ 6.99 / \$ 9.24
2-Person	\$ 74.48	\$ 52.14 / \$ 22.34	\$ 24.06 / \$ 10.31	\$ 26.07 / \$ 48.41	\$ 12.03 / \$ 22.34
Family	\$121.87	\$ 85.31 / \$ 36.56	\$ 39.38 / \$ 16.87	\$ 42.65 / \$ 79.22	\$ 19.69 / \$ 36.56

(Please turn over for Summary of Benefits)