Department of Civil Service
Employee Benefits Division
FY 2004-2005 DENTAL INSURANCE PREMIUM RATES
(Effective October 10, 2004)

PLAN NAME/CODE	Option *2	BIWEEKLY Employee	BIWEEKLY State	BIWEEKLY Total	ANNUAL Employee	ANNUAL State	ANNUAL Total	BIWEEKLY Part time employees* Employee	BIWEEKLY Part time employees* State	ANNUAL Part time employees Employee	ANNUAL Part time employees State	MONTHLY (CGIS) Leave/LO	MONTHLY (CGIS) COBRA
DBEX State Dental Plan	1	$ 0.83	$ 15.77	$ 16.60	$ 21.58	$ 410.02	$ 431.60	$ 8.30	$ 8.30	$ 215.80	$ 215.80	$ 35.97	$ 36.69
	2	$ 1.51	$ 28.78	$ 30.29	$ 39.26	$ 748.28	$ 787.54	$ 15.15	$ 15.15	$ 393.90	$ 393.90	$ 65.63	$ 66.94
	3	$ 1.84	$ 35.05	$ 36.89	$ 47.84	$ 911.30	$ 959.14	$ 18.45	$ 18.45	$ 479.70	$ 479.70	$ 79.93	$ 81.53
	4	$ 2.53	$ 48.01	$ 50.54	$ 65.78	$ 1,248.26	$ 1,314.04	$ 25.27	$ 25.27	$ 657.02	$ 657.02	$ 109.50	$ 111.69
DP00 Preventive Dental *3	1	$ -	$ 2.99	$ 2.99	$ -	$ 77.74	$ 77.74	$ 1.50	$ 1.50	$ 38.87	$ 38.87	$ 6.48	$ 6.61
Plan	2	$ -	$ 5.21	$ 5.21	$ -	$ 135.46	$ 135.46	$ 2.61	$ 2.61	$ 67.73	$ 67.73	$ 11.29	$ 11.52
(State pays 100%)	3	$ -	$ 5.21	$ 5.21	$ -	$ 135.46	$ 135.46	$ 2.61	$ 2.61	$ 67.73	$ 67.73	$ 11.29	$ 11.52
	4	$ -	$ 7.42	$ 7.42	$ -	$ 192.92	$ 192.92	$ 3.71	$ 3.71	$ 96.46	$ 96.46	$ 16.08	$ 16.40
DMEX Midwest Dental	1	$ -	$ 15.99	$ 15.99	$ -	$ 415.74	$ 415.74	$ 7.99	$ 7.99	$ 207.74	$ 207.74	$ 34.64	$ 35.33
(DMO)	2	$ -	$ 15.99	$ 15.99	$ -	$ 415.74	$ 415.74	$ 7.99	$ 7.99	$ 207.74	$ 207.74	$ 34.64	$ 35.33
(State pays 100%)	3	$ -	$ 15.99	$ 15.99	$ -	$ 415.74	$ 415.74	$ 7.99	$ 7.99	$ 207.74	$ 207.74	$ 34.64	$ 35.33
	4	$ -	$ 15.99	$ 15.99	$ -	$ 415.74	$ 415.74	$ 7.99	$ 7.99	$ 207.74	$ 207.74	$ 34.64	$ 35.33
D3ZN Decline Dental Ins. *3	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)
D4ZN "Opt Out" Dent *4	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)

Note: Except where indicated , State pays 100% of health premiums for bargaining unit T01.

*2 Health, Dental and Vision option codes are 1= Employee only coverage, 2= Employee & Spouse, 3= Employee & Child(ren), 4= Full Family

*3 Employees enrolled in the Preventive Dental Plan will receive a $100.00 lump sum payment on November 4, 2004

*4 "Opt Out" code for D4 is for the employee who has "primary" coverages through a non-State Employee or non-State retired spouse. A rebate of $100.00 will be issued.