DEPARTMENT OF CIVIL SERVICE
EMPLOYEE BENEFITS DIVISION
FY 2005-2006 DENTAL INSURANCE PREMIUM RATES
(Effective October 9, 2005)

		BIWEEKLY			ANNUAL			BIWEEKLY - PART TIME *1		ANNUAL - PART TIME *1		MONTHLY	
PLAN NAME/CODE	**Option *2**	**Employee**	**State**	**Total**	**Employee**	**State**	**Total**	**Employee**	**State**	**Employee**	**State**	**Leave/LO**	**COBRA**
DBEX State Dental Plan	1	$ 0.85	$ 16.19	$ 17.04	$ 22.16	$ 420.96	$ 443.12	$ 8.52	$ 8.52	$ 221.56	$ 221.56	$ 36.93	$ 37.67
	2	$ 1.56	$ 29.55	$ 31.11	$ 40.44	$ 768.30	$ 808.74	$ 15.55	$ 15.55	$ 404.37	$ 404.37	$ 67.40	$ 68.74
	3	$ 1.89	$ 35.99	$ 37.88	$ 49.25	$ 935.66	$ 984.91	$ 18.94	$ 18.94	$ 492.45	$ 492.45	$ 82.08	$ 83.72
	4	$ 2.59	$ 49.29	$ 51.89	$ 67.45	$ 1,281.63	$ 1,349.09	$ 25.94	$ 25.94	$ 674.54	$ 674.54	$ 112.42	$ 114.67
DP00 Preventive Dental Plan *3	1	$ -	$ 3.44	$ 3.44	$ -	$ 89.40	$ 89.40	$ 1.72	$ 1.72	$ 44.70	$ 44.70	$ 6.48	$ 6.61
(State pays 100%)	2	$ -	$ 5.99	$ 5.99	$ -	$ 155.78	$ 155.78	$ 3.00	$ 3.00	$ 77.89	$ 77.89	$ 11.29	$ 11.51
	3	$ -	$ 5.99	$ 5.99	$ -	$ 155.78	$ 155.78	$ 3.00	$ 3.00	$ 77.89	$ 77.89	$ 11.29	$ 11.51
	4	$ -	$ 8.53	$ 8.53	$ -	$ 221.86	$ 221.86	$ 4.27	$ 4.27	$ 110.93	$ 110.93	$ 16.08	$ 16.40
DMEX Midwest Dental	1	$ -	$ 15.99	$ 15.99	$ -	$ 415.80	$ 415.80	$ 8.00	$ 8.00	$ 207.90	$ 207.90	$ 34.65	$ 35.34
(DMO)	2	$ -	$ 15.99	$ 15.99	$ -	$ 415.80	$ 415.80	$ 8.00	$ 8.00	$ 207.90	$ 207.90	$ 34.65	$ 35.34
(State pays 100%)	3	$ -	$ 15.99	$ 15.99	$ -	$ 415.80	$ 415.80	$ 8.00	$ 8.00	$ 207.90	$ 207.90	$ 34.65	$ 35.34
	4	$ -	$ 15.99	$ 15.99	$ -	$ 415.80	$ 415.80	$ 8.00	$ 8.00	$ 207.90	$ 207.90	$ 34.65	$ 35.34
D3ZN Decline Dental Ins.	(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" Dental	(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)

*1 Part-time employees hired after 1/1/2000 (1/1/2002 for bargaining units A02 and A31) whose regular work schedule is 40 hours or less per biweekly pay period pay premiums according to column (d).
*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 3, 2005.