DEPARTMENT OF CIVIL SERVICE
EMPLOYEE BENEFIT DIVISION
FY 2006-2007 DENTAL INSURANCE PREMIUM RATES
(Effective October 8, 2006)

		BIWEEKLY			ANNUAL			BIWEEKLY - PART TIME *1		ANNUAL - PART TIME *1		MONTHLY (CGIS)	
PLAN NAME/CODE	**Option *2**	**Employee**	**State**	**Total**	**Employee**	**State**	**Total**	**Employee**	**State**	**Employee**	**State**	**Leave/LO**	**COBRA**
DBEX State Dental Plan	1	$ 0.94	$ 17.81	$ 18.75	$ 24.37	$ 463.06	$ 487.43	$ 9.37	$ 9.37	$ 243.72	$ 243.72	$ 40.62	$ 41.43
	2	$ 1.71	$ 32.51	$ 34.22	$ 44.48	$ 845.13	$ 889.61	$ 17.11	$ 17.11	$ 444.81	$ 444.81	$ 74.13	$ 75.62
	3	$ 2.08	$ 39.59	$ 41.67	$ 54.17	$ 1,029.23	$ 1,083.40	$ 20.83	$ 20.83	$ 541.70	$ 541.70	$ 90.28	$ 92.09
	4	$ 2.85	$ 54.22	$ 57.08	$ 74.20	$ 1,409.80	$ 1,484.00	$ 28.54	$ 28.54	$ 742.00	$ 742.00	$ 123.67	$ 126.14
DP00 Preventive Dental Plan *3	1	$0.00	$ 2.99	$ 2.99	$0.00	$ 77.74	$ 77.74	$ 1.50	$ 1.50	$ 38.87	$ 38.87	$ 6.48	$ 6.61
(State pays 100%)	2	$0.00	$ 5.21	$ 5.21	$0.00	$ 135.46	$ 135.46	$ 2.61	$ 2.61	$ 67.73	$ 67.73	$ 11.29	$ 11.51
	3	$0.00	$ 5.21	$ 5.21	$0.00	$ 135.46	$ 135.46	$ 2.61	$ 2.61	$ 67.73	$ 67.73	$ 11.29	$ 11.51
	4	$0.00	$ 7.42	$ 7.42	$0.00	$ 192.92	$ 192.92	$ 3.71	$ 3.71	$ 96.46	$ 96.46	$ 16.08	$ 16.40
DMEX Midwestern Dental Plan (DMO)	1	$0.00	$ 15.99	$ 15.99	$0.00	$ 415.80	$ 415.80	$ 8.00	$ 8.00	$ 207.90	$ 207.90	$ 34.65	$ 35.34
(State pays 100%)	2	$0.00	$ 15.99	$ 15.99	$0.00	$ 415.80	$ 415.80	$ 8.00	$ 8.00	$ 207.90	$ 207.90	$ 34.65	$ 35.34
	3	$0.00	$ 15.99	$ 15.99	$0.00	$ 415.80	$ 415.80	$ 8.00	$ 8.00	$ 207.90	$ 207.90	$ 34.65	$ 35.34
	4	$0.00	$ 15.99	$ 15.99	$0.00	$ 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.
*2 Health, dental and vision option codes are: 1= Employee only coverage, 2 = Employee & Spouse, 3 = Employee & Child(ren), 4 = Full Family, 5 = Employee Only with Medicare, 6 = Employee & Spouse with Medicare, 7 = Employee with Medicare and Child(ren), 8 = Full Family with Medicare.
*3 Employees enrolled in the Preventive Dental Plan will receive a $100.00 lump sum payment on November 2, 2006.