CIVIL SERVICE COMMISSION
EMPLOYEE BENEFITS DIVISION
FY 2008-2009 DENTAL INSURANCE PREMIUM RATES
EFFECTIVE OCTOBER 5, 2008

PLAN NAME/CODE	Option *2	BIWEEKLY			ANNUAL			BIWEEKLY - PART TIME *1		ANNUAL - PART TIME *1		ANNUAL	
		Employee	State	Total	Employee	State	Total	Employee	State	Employee	State	Leave/LO	COBRA
[DBEX] State Dental Plan	1	$ 1.08	$ 20.48	$ 21.56	$ 28.03	$ 532.52	$ 560.54	$ 10.78	$ 10.78	$ 280.27	$ 280.27	$ 560.54	$ 571.76
	2	$ 1.97	$ 37.38	$ 39.35	$ 51.15	$ 971.90	$ 1,023.05	$ 19.67	$ 19.67	$ 511.53	$ 511.53	$ 1,023.05	$ 1,043.51
	3	$ 2.40	$ 45.52	$ 47.92	$ 62.30	$ 1,183.61	$ 1,245.91	$ 23.96	$ 23.96	$ 622.96	$ 622.96	$ 1,245.91	$ 1,270.83
	4	$ 3.28	$ 62.36	$ 65.64	$ 85.33	$ 1,621.27	$ 1,706.60	$ 32.82	$ 32.82	$ 853.30	$ 853.30	$ 1,706.60	$ 1,740.73
[DP00] Preventive Dental Plan *3	1	$ -	$ 2.99	$ 2.99	$ -	$ 77.74	$ 77.74	$ 1.50	$ 1.50	$ 38.87	$ 38.87	$ 77.74	$ 79.29
(State pays 100%)	2	$ -	$ 5.21	$ 5.21	$ -	$ 135.46	$ 135.46	$ 2.61	$ 2.61	$ 67.73	$ 67.73	$ 135.46	$ 138.17
	3	$ -	$ 5.21	$ 5.21	$ -	$ 135.46	$ 135.46	$ 2.61	$ 2.61	$ 67.73	$ 67.73	$ 135.46	$ 138.17
	4	$ -	$ 7.42	$ 7.42	$ -	$ 192.92	$ 192.92	$ 3.71	$ 3.71	$ 96.46	$ 96.46	$ 192.92	$ 196.78
[DMEX] Midwestern Dental (DMO)	1	$ -	$ 15.99	$ 15.99	$ -	$ 415.80	$ 415.80	$ 8.00	$ 8.00	$ 207.90	$ 207.90	$ 415.80	$ 424.12
(State pays 100%)	2	$ -	$ 15.99	$ 15.99	$ -	$ 415.80	$ 415.80	$ 8.00	$ 8.00	$ 207.90	$ 207.90	$ 415.80	$ 424.12
	3	$ -	$ 15.99	$ 15.99	$ -	$ 415.80	$ 415.80	$ 8.00	$ 8.00	$ 207.90	$ 207.90	$ 415.80	$ 424.12
	4	$ -	$ 15.99	$ 15.99	$ -	$ 415.80	$ 415.80	$ 8.00	$ 8.00	$ 207.90	$ 207.90	$ 415.80	$ 424.12
[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 *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)

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

*3 Employees in the Preventive Dental Plan will receive a $100 lump sum payment on October 30, 2008.

*4 Employees who opt out of dental coverage (because they have "primary" coverage through a non-State employee or a non-State retired spouse) will receive a rebate identical to the Preventive Dental Plan.