



**DENTAL RATES: 2020-2021**



Plan	Coverage	Monthly			
		Rate	Weekly	Bi-wkly	Lunch
Base Plan	Individual	\$ 39.98	\$ 9.23	\$ 18.45	\$ 11.99
Base Plan	Family	\$ 111.36	\$ 25.70	\$ 51.40	\$ 33.41
High Plan	Individual	\$ 52.30	\$ 12.07	\$ 24.14	\$ 15.69
High Plan	Family	\$ 151.42	\$ 34.94	\$ 69.89	\$ 45.43

**OPEN ENROLLMENT: APRIL 1 - MAY 15**

**POLICY PERIOD: JULY 1 - JUNE 30**

**GROUP # 6989-0001 (Base)**

**GROUP # 6989-0002 (High)**