

2014 Monthly Pre-tax Employee Contributions*

	Core PPO	Advantage PPO	Superior Dental Care
Employee Only	\$46.00	\$154.00	\$30.37
Employee + Spouse	\$95.00	\$426.00	\$87.95
Employee + Child(ren)	\$77.00	\$341.00	\$87.95
Employee+ Spouse + Child(ren)	\$111.00	\$452.00	\$87.95
Both Spouses UD Benefit Eligible (No Children)	\$95.00	\$426.00	\$87.95
Both Spouses UD Benefit Eligible (With Child(ren))	\$111.00	\$452.00	\$87.95
Please note: 1. COBRA Participants are required to pay 102% of the full monthly premium for health and dental insurance. 2. Widows/widowers of deceased active or retired employees are required to pay the full monthly premium. 3. For information about retiree healthcare rates, please contact the Office of Human Resources.			

*These rates do not reflect the discount for completing the health evaluations.