

Monthly Premiums

	ASSURANT PRE-PAID PLAN	DELTA DENTAL PDO PLAN
ACTIVE		
Employee Only	\$9.35	\$19.14
Employee + Child(ren)	\$19.42	\$44.01
Employee + Spouse	\$16.57	\$36.20
Employee + Spouse + Child(ren)	\$22.79	\$70.84
COBRA		
Employee Only	\$9.54	\$19.52
Employee + Child(ren)	\$19.81	\$44.89
Employee + Spouse	\$16.90	\$36.92
Employee + Spouse + Child(ren)	\$23.25	\$72.26
COBRA DISABILITY		
Employee Only	\$14.03	\$28.71
Employee + Child(ren)	\$29.13	\$66.02
Employee + Spouse	\$24.86	\$54.30
Employee + Spouse + Child(ren)	\$34.19	\$106.26
COBRA ARRA SUBSIDY		
Employee Only	\$3.27	\$6.70
Employee + Child(ren)	\$6.80	\$15.40
Employee + Spouse	\$5.80	\$12.67
Employee + Spouse + Child(ren)	\$7.98	\$24.79
RETIREE		
Retiree Only	\$10.28	\$24.72
Retiree + Child(ren)	\$21.36	\$56.83
Retiree + Spouse	\$18.23	\$46.75
Retiree + Spouse + Child(ren)	\$25.06	\$91.48

FOR MORE INFORMATION, CONTACT:

PRE-PAID DENTAL PLAN

Assurant
1-800-443-2995
www.assurantemployeebenefits.com/stoftn/

PDO PLAN

Delta Dental
1-615-255-3175 or 1-800-223-3104
www.deltadentaltn.com/statetn/

DENTAL PREMIUMS