PARTNERS FOR HEALTH

2021 Monthly Dental Premiums

	CIGNA PREPAID PLAN	METLIFE DPPO PLAN
ACTIVE MEMBERS		
Employee Only	$13.84	$23.64
Employee + Child(ren)	$28.75	$54.36
Employee + Spouse	$24.54	$44.72
Employee + Spouse + Child(ren)	$33.74	$87.50
COBRA PARTICIPANTS		
Employee Only/Single	$14.12	$24.11
Employee + Child(ren)	$29.33	$55.45
Employee + Spouse	$25.03	$45.61
Employee + Spouse + Child(ren)	$34.41	$89.25
COBRA DISABILITY PARTICIPANTS		
Employee Only/Single	$20.76	$35.46
Employee + Child(ren)	$43.13	$81.54
Employee + Spouse	$36.81	$67.08
Employee + Spouse + Child(ren)	$50.61	$131.25
RETIREE PARTICIPANTS		
Retiree Only	$15.23	$30.52
Retiree + Child(ren)	$31.63	$70.18
Retiree + Spouse	$27.01	$57.74
Retiree + Spouse + Child(ren)	$37.10	$112.98