

SURA/JEFFERSON SCIENCE ASSOCIATES APRIL 2014 PREMIUM RATES AND CONTRIBUTIONS DENTAL

Active Employees

Coverage Tier	Delta Dental		
	Total Cost	Lab Pays	Employee Pays
Employee Only	\$45.46	\$34.06	\$11.40
Employee + Child	\$76.76	\$57.56	\$19.20
Employee + Spouse	\$76.76	\$57.56	\$19.20
Employee + Family	\$122.66	\$91.96	\$30.70

COBRA (Continuee Pays 102% of Total Active Premium)

Coverage Tier	Delta Dental		
	Total COBRA Rate	Lab Pays	Continuee Pays
Employee Only	\$46.37	\$0.00	\$46.37
Employee + Child	\$78.30	\$0.00	\$78.30
Employee + Spouse	\$78.30	\$0.00	\$78.30
Employee + Family	\$125.11	\$0.00	\$125.11

Wells Fargo Insurance Services