

2012 Monthly Premiums

	ASSURANT PREPAID PLAN	DELTA DENTAL PDO PLAN
ACTIVE MEMBERS		
Employee Only	\$9.35	\$19.86
Employee + Child(ren)	\$19.42	\$45.66
Employee + Spouse	\$16.57	\$37.56
Employee + Spouse + Child(ren)	\$22.79	\$73.50
COBRA PARTICIPANTS		
Employee Only	\$9.54	\$20.26
Employee + Child(ren)	\$19.81	\$46.57
Employee + Spouse	\$16.90	\$38.31
Employee + Spouse + Child(ren)	\$23.25	\$74.97
COBRA DISABILITY PARTICIPANTS		
Employee Only	\$14.03	\$29.79
Employee + Child(ren)	\$29.13	\$68.49
Employee + Spouse	\$24.86	\$56.34
Employee + Spouse + Child(ren)	\$34.19	\$110.25
RETIREE PARTICIPANTS		
Retiree Only	\$10.28	\$25.64
Retiree + Child(ren)	\$21.36	\$58.96
Retiree + Spouse	\$18.23	\$48.50
Retiree + Spouse + Child(ren)	\$25.06	\$94.91

DENTAL PREMIUMS