

Dental rates per pay period

| Coverage tier | Choice | Choice Plus | DHMO* |
|-----------------------|---------|-------------|---------|
| Employee only | \$9.20 | \$18.14 | \$4.78 |
| Employee + spouse | \$18.42 | \$35.39 | \$9.57 |
| Employee + child(ren) | \$24.65 | \$45.55 | \$12.81 |
| Employee + family | \$31.26 | \$62.79 | \$16.25 |

* Not offered in all states. Availability varies by ZIP code.

▼ Deducted pre-tax.