

**Edison State College**

**2014 Dental Plan Monthly Rates**

**ACTIVE/RETIREE/COBRA**

Coverage Type	Delta Dental	
	Dental PPO	Dental HMO
Employee Only - New Rates	\$23.56	\$11.44
EE + Spouse - New Rates	\$49.50	\$20.02
EE + Children - New Rates	\$49.98	\$24.04
EE + Family - New Rates	\$82.86	\$33.76

**2013 Dental Plan Monthly Rates**

**ACTIVE/RETIREE/COBRA**

Coverage Type	Delta Dental	
	Dental PPO	Dental HMO
Employee Only	\$21.22	\$11.44
EE + Spouse	\$44.56	\$20.02
EE + Children	\$45.00	\$24.04
EE + Family	\$74.62	\$33.76