

CITY OF COLUMBIA				
EMPLOYEE DENTAL COVERAGE - DELTA DENTAL				
(Effective 1/1/2022)				
COVERAGE LEVEL	Gross Rate	City Contribution	EE Monthly Contribution	EE Semi-Monthly Contribution
Employee Only	\$33.60	\$33.60	\$0.00	\$0.00
Employee + Spouse	\$67.01	\$33.60	\$33.41	\$16.71
Employee + Child(ren)	\$67.01	\$33.60	\$33.41	\$16.71
Full Family	\$100.37	\$33.60	\$66.77	\$33.39
2 City EE's with Kids* *= cost per employee	\$50.19	\$33.60	\$16.59	\$8.30
<i>Rates for employees who are 0.75 FTE or higher</i>				

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(Effective 1/1/2022)				
COVERAGE LEVEL	Gross Rate	City Contribution	EE Monthly Contribution	EE Semi-Monthly Contribution
Employee Only	\$33.60	\$16.80	\$16.80	\$8.40
Employee + Spouse	\$67.01	\$16.80	\$50.21	\$25.11
Employee + Child(ren)	\$67.01	\$16.80	\$50.21	\$25.11
Full Family	\$100.37	\$16.80	\$83.57	\$41.79
<i>Rates for employees who are 0.74 FTE or lower</i>				