

<b>CITY OF COLUMBIA</b>				
<b>EMPLOYEE DENTAL COVERAGE - DELTA DENTAL</b>				
<b>(Effective 1/1/2021)</b>				
<b>COVERAGE LEVEL</b>	<b>Gross Rate</b>	<b>City Contribution</b>	<b>EE Monthly Contribution</b>	<b>EE Semi-Monthly Contribution</b>
Employee Only	\$34.25	\$34.25	\$0.00	\$0.00
Employee + Spouse	\$68.31	\$34.25	\$34.06	\$17.03
Employee + Child(ren)	\$68.31	\$34.25	\$34.06	\$17.03
Full Family	\$102.32	\$34.25	\$68.07	\$34.04
2 City EE's with Kids*	\$51.16	\$34.25	\$16.91	\$8.46
* = cost per employee				
<i>Rates for employees who are 0.75 FTE or higher</i>				

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<b>COVERAGE LEVEL</b>	<b>Gross Rate</b>	<b>City Contribution</b>	<b>EE Monthly Contribution</b>	<b>EE Semi-Monthly Contribution</b>
Employee Only	\$34.25	\$17.13	\$17.12	\$8.56
Employee + Spouse	\$68.31	\$17.13	\$51.18	\$25.59
Employee + Child(ren)	\$68.31	\$17.13	\$51.18	\$25.59
Full Family	\$102.32	\$17.13	\$85.19	\$42.60
<i>Rates for employees who are 0.74 FTE or lower</i>				

<b>CITY OF COLUMBIA</b>		
<b>RETIREE DENTAL COVERAGE - DELTA DENTAL</b>		
<b>(Effective 1/1/2021)</b>		
<b>COVERAGE LEVEL</b>	<b>Gross Rate</b>	<b>RETIREE Monthly Rate</b>
Retiree Only	\$34.25	\$34.25
Retiree + Spouse	\$68.31	\$68.31
Retiree + Child(ren)	\$68.31	\$68.31
Full Family	\$102.32	\$102.32