ALL STAFF		Monthly Premium	Employer Monthly Share	Employee Monthly Share
DENTAL PLAN - through CBA Blue B	enefit is pror	ated if working	g less than full	time.
Employer pays 100% of the premium fo	or a Single, Pa	arent/Child(rer	n) or 2 person	plan.
Employee pays the difference for Family				
Single	472.84	39.40	39.40	0.00
Parent/Child(ren)	855.62	71.30	71.30	0.00
2 Person	950.58	79.22	79.22	0.00
Family	1,467.02	122.25	79.22	43.04