

2024 State Dental Plan monthly rates

The State Dental Plan is one plan serviced by two plan administrators. The rate is the same no matter which plan administrator is selected.

There are two coverage options:

- **Employee coverage**: covers the employee only as single coverage.
- Family coverage: covers the employee plus a spouse and/or dependents as family coverage.

While standalone dependent coverage is not an option, the additional cost to cover a spouse and/or dependents is shown in the tables below.

Full Employer Contribution

Employee Coverage			Additional cost to cover spouse and/or dependents			Family Coverage			
Employ	ee	State	Total	Employee	State	Total	Employee	State	Total
\$13.48	3	\$31.44	\$44.92	\$44.00	\$44.00	\$88.00	\$57.48	\$75.44	\$132.92

75% Employer Contribution

Employee Coverage			Additional cost to cover spouse and/or dependents			Family Coverage		
Employee	State	Total	Employee	State	Total	Employee	State	Total
\$21.34	\$23.58	\$44.92	\$55.00	\$33.00	\$88.00	\$76.34	\$56.58	\$132.92

50% Employer Contribution

Employee Coverage			Additional cost to cover spouse and/or dependents			Family Coverage		
Employee	State	Total	Employee	State	Total	Employee	State	Total
\$29.20	\$15.72	\$44.92	\$66.00	\$22.00	\$88.00	\$95.20	\$37.72	\$132.92

No Employer Contribution

Employee Coverage			Additional cost to cover spouse and/or dependents			Family Coverage		
Employee	State	Total	Employee	State	Total	Employee	State	Total
\$44.92	\$0	\$44.92	\$88.00	\$0	\$88.00	\$132.92	\$0	\$132.92