

# DIOCESE OF LAFAYETTE DENTAL PREMIUM RATES

## 1/1/2018 – 12/31/2018

### ENROLLED ON THE DIOCESAN HEALTH INSURANCE

<u>BASE PLAN</u>	<u>MONTHLY PREMIUM</u>
Eligible Employee Only Coverage	\$0.00

*Note: The Base Dental Plan is only offered as employee only coverage at no cost if enrolled on the medical plan.*

### ENROLLED ON THE DIOCESAN HEALTH INSURANCE or (ADDING DEPENDENTS AS AN ELIGIBLE EMPLOYEE OF THE BASE PLAN)

<u>BUY-UP</u>	<u>MONTHLY PREMIUM</u>
Employee Only	\$18.36
Employee + Spouse	\$44.78
Employee + Child(ren)	\$41.80
Employee + Family	\$68.92

### NOT ENROLLED ON THE DIOCESAN HEALTH INSURANCE

<u>BUY-UP</u>	<u>MONTHLY PREMIUM</u>
Employee Only	\$32.16
Employee + Spouse	\$58.58
Employee + Child(ren)	\$55.60
Employee + Family	\$82.72