

MSD WASHINGTON TOWNSHIP
 DENTAL INSURANCE COST PER PAY CLASSIFIED
 January 1 through December 31, 2024

**DENTAL CLASSIFIED RATES
 SCHEDULED TO WORK 30 + HOURS PER WEEK OR MORE**

MONTHLY COST	
Single	\$ 1.58
EE + Spouse	\$ 2.90
EE + Child(ren)	\$ 7.41
Family	\$ 15.64

PER PAY	24 PAYS	18 PAYS
Single	\$ 0.79	\$ 1.05
EE + Spouse	\$ 1.45	\$ 1.93
EE + Child(ren)	\$ 3.71	\$ 4.94
Family	\$ 7.82	\$ 10.43

Benefit premiums paid by employees in 24 installments for employees who receive 26 pays on their regular pay schedule and in 18 installments for employees who receive 25 pays or less on their regular pay schedule.

Groups 200 201 202 400 401