

**University System of New Hampshire Dental Rates
75% - 100% Time Employees
Effective January 1, 2020**

		Bi-Weekly	Employee Monthly	Annual	Monthly COBRA	Bi-Weekly	Two Person Monthly	Annual	Monthly COBRA	Bi-Weekly	Family Monthly	Annual	Monthly COBRA
Delta Dental Basic Option	Employee	\$ 7.12	\$ 15.43	\$ 185.11		\$ 19.47	\$ 42.18	\$ 506.15		\$ 35.79	\$ 77.55	\$ 930.59	
	Employer		\$ 15.43	\$ 185.21			\$ 15.43	\$ 185.21			\$ 15.43	\$ 185.21	
	Total		\$ 30.86	\$ 370.32	\$ 31.48		\$ 57.61	\$ 691.36	\$ 58.77		\$ 92.98	\$ 1,115.80	\$94.84
Delta Dental High Option	Employee	\$ 19.40	\$ 42.03	\$ 504.35		\$ 42.32	\$ 91.70	\$ 1,100.35		\$ 74.79	\$ 162.04	\$ 1,944.43	
	Employer		\$ 15.43	\$ 185.21			\$ 15.43	\$ 185.21			\$ 15.43	\$ 185.21	
	Total		\$ 57.46	\$ 689.56	\$ 58.61		\$ 107.13	\$ 1,285.56	\$ 109.27		\$ 177.47	\$ 2,129.64	\$181.02

Assumes 100% time and 26 Pay periods