

**University System of New Hampshire Dental Rates  
75% - 100% Time Employees  
Effective January 1, 2024**

		Bi-Weekly	Employee Monthly	Annual	Monthly COBRA		Bi-Weekly	Two Person Monthly	Annual	Monthly COBRA		Bi-Weekly	Family Monthly	Annual	Monthly COBRA
<b>Delta Dental Basic Option</b>	Employee	\$ 16.07	\$ 34.81	\$ 417.72	\$ 35.51		\$ 30.03	\$ 65.07	\$ 780.84	\$ 66.37		\$ 48.35	\$ 104.75	\$ 1,257.00	\$106.85
<b>Delta Dental High Option</b>	Employee	\$ 28.50	\$ 61.74	\$ 740.88	\$ 62.97		\$ 53.00	\$ 114.84	\$ 1,378.08	\$ 117.14		\$ 88.06	\$ 190.80	\$ 2,289.60	\$194.62

Assumes 26 pay periods