University System of New Hampshire Dental Rates
75% - 100% Time Employees
Effective January 1, 2027

		Employee				Two Person				Family			
		Bi-Weekly	Monthly	Annual	Monthly COBRA	Bi-Weekly	Monthly	Annual	Monthly COBRA	Bi-Weekly	Monthly	Annual	Monthly COBRA
Delta Dental Basic Option	Employee	$ 16.69	$ 36.17	$ 434.04	$ 36.89	$ 31.22	$ 67.64	$ 811.68	$ 68.99	$ 50.26	$ 108.89	$ 1,306.68	$111.07
Delta Dental High Option	Employee	$ 33.42	$ 72.40	$ 868.80	$ 73.85	$ 62.15	$ 134.66	$ 1,615.92	$ 137.35	$ 103.26	$ 223.72	$ 2,684.64	$228.19