

2012 EMPLOYEE CONTRIBUTIONS FOR DENTAL COVERAGE ARE THE SAME AS 2011 EMPLOYEE CONTRIBUTIONS. RATES ARE SHOWN BELOW.

		WAIVER	BASIC DENTAL		ORTHO PLAN		HIGH PLAN		HIGH ORTHO PLAN		AAUP BASIC DENTAL	
			University cost	Employee Cost	University cost	Employee Cost	University cost	Employee Cost	University cost	Employee Cost	University cost	Employee Cost
AFSCME												
	Single	\$8.00	\$ 15.94	\$ -	\$ 20.17	\$ 4.23	\$ 33.79	\$ 17.85	\$ 29.08	\$ 13.14	N/A	N/A
	Double		\$ 35.88	\$ -	\$ 46.45	\$ 10.57	\$ 76.11	\$ 40.23	\$ 67.59	\$ 31.71	N/A	N/A
	Family		\$ 53.71	\$ -	\$ 73.49	\$ 19.78	\$ 112.36	\$ 58.65	\$ 107.59	\$ 54.24	N/A	N/A
IUOE												
	Single	\$8.00	\$ 15.94	\$ -	\$ 20.17	\$ 4.23	\$ 33.79	\$ 17.85	\$ 29.08	\$ 13.14	N/A	N/A
	Double		\$ 35.88	\$ -	\$ 46.45	\$ 10.57	\$ 76.11	\$ 40.23	\$ 67.59	\$ 31.71	N/A	N/A
	Family		\$ 53.71	\$ -	\$ 73.49	\$ 19.78	\$ 112.36	\$ 58.65	\$ 107.59	\$ 54.24	N/A	N/A
SEIU												
	Single	\$8.00	\$ 15.94	\$ -	\$ 20.17	\$ 4.23	\$ 33.79	\$ 17.85	\$ 29.08	\$ 13.14	N/A	N/A
	Double		\$ 35.88	\$ -	\$ 46.45	\$ 10.57	\$ 76.11	\$ 40.23	\$ 67.59	\$ 31.71	N/A	N/A
	Family		\$ 53.71	\$ -	\$ 73.49	\$ 19.78	\$ 112.36	\$ 58.65	\$ 107.59	\$ 54.24	N/A	N/A
FOP												
	Single	\$8.00	\$ 15.94	\$ -	\$ 20.17	\$ 4.23	\$ 33.79	\$ 17.85	\$ 29.08	\$ 13.14	N/A	N/A
	Double		\$ 35.88	\$ -	\$ 46.45	\$ 10.57	\$ 76.11	\$ 40.23	\$ 67.59	\$ 31.71	N/A	N/A
	Family		\$ 53.71	\$ -	\$ 73.49	\$ 19.78	\$ 112.36	\$ 58.65	\$ 107.59	\$ 54.24	N/A	N/A
ONA												
	Single	\$0.00	\$ 15.94	\$ -	\$ 20.17	\$ 4.23	\$ 33.79	\$ 17.85	\$ 29.08	\$ 13.14	N/A	N/A
	Double		\$ 35.88	\$ -	\$ 46.45	\$ 10.57	\$ 76.11	\$ 40.23	\$ 67.59	\$ 31.71	N/A	N/A
	Family		\$ 53.71	\$ -	\$ 73.49	\$ 19.78	\$ 112.36	\$ 58.65	\$ 107.59	\$ 54.24	N/A	N/A
ONA - Part time (.75 - .79 FTE)												
	Single	\$0.00	\$ 15.94	\$ 15.94	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Double		\$ 35.88	\$ 35.88	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Family		\$ 53.71	\$ 53.71	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
UNREPRESENTED EMPLOYEES - ALL SALARY LEVELS												
	Single	\$8.00	\$ 15.94	\$ -	\$ 20.17	\$ 4.23	\$ 33.79	\$ 17.85	\$ 29.08	\$ 13.14	N/A	N/A
	Double		\$ 35.88	\$ -	\$ 46.45	\$ 10.57	\$ 76.11	\$ 40.23	\$ 67.59	\$ 31.71	N/A	N/A
	Family		\$ 53.71	\$ -	\$ 73.49	\$ 19.78	\$ 112.36	\$ 58.65	\$ 107.59	\$ 54.24	N/A	N/A
AAUP												
F	Single	\$18.00	N/A		N/A		N/A		N/A		\$ 36.26	\$ -
	Double		N/A		N/A		N/A		N/A		\$ 81.80	\$ -
	Family		N/A		N/A		N/A		N/A		\$ 123.20	\$ -

Annual adjuncts (regardless of FTE) and part time ('term') adjuncts (FTE less than 65%) are not eligible for dental coverage. Visiting faculty (FTE 80-100%) and part time COM faculty (FTE 65% - 99%) are eligible for dental coverage and should refer to the unrepresented employee category above for cost and coverage. Post Doc Fellows can elect to participate in the Basic Dental Plan at no cost. Dental coverage is not available to Interns.

