Dental Employee Contributions
Plan Year 2027: January 1, 2027 - December 31, 2027

SALARIED (BI-WEEKLY)

Plan	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
High Option	$0.00	$8.87	$17.29	$26.63
Low Option	$0.00	$5.61	$11.46	$17.53

ATU 788 (WEEKLY)

Plan	Employee Only	Employee + Family
High Option	$0.00	$9.19
Low Option	$0.00	$5.63

IBEW (WEEKLY)

Plan	Employee Only	Employee + Family
High Option	$0.00	$9.19
Low Option	$0.00	$5.63

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