

2009 ISU PLAN ACTIVE EMPLOYEE DENTAL RATES

	Tier	Basic	Comprehensive
TOTAL PRICE	Yourself only	\$23	\$37
	Yourself + spouse	\$51	\$93
	Double Spouse	\$25.50	\$46.50
	Yourself + children	\$58	\$98
	Yourself + family	\$64	\$110
	Family Double Spouse	\$32	\$55
BENEFIT CREDIT (ISU CONTRIBUTION)	Yourself only	\$23	\$23
	Yourself + spouse	\$23	\$23
	Double Spouse	\$23	\$23
	Yourself + children	\$23	\$23
	Yourself + family	\$23	\$23
	Family Double Spouse	\$23	\$23
NO COVERAGE		\$23	\$23
MONTHLY COST TO YOU <small>(Difference between Total Price & Benefit Credit)</small>	Yourself only	\$0	\$14
	Yourself + spouse	\$28	\$70
	Double Spouse	\$2.50	\$23.50
	Yourself + children	\$35	\$75
	Yourself + family	\$41	\$87
	Family Double Spouse	\$9	\$32