

2017 Dental Plan Rates

100% Employer Contribution

Monthly Rates	Employee Coverage			Dependent Coverage			Family Coverage		
	Dental Plan	Total	State	Employee	Total	State	Employee	Total	State
State Dental Plan (Delta)	33.70	28.70	5.00	66.00	33.00	33.00	99.70	61.70	38.00
HealthPartners State of MN Dental Plan	33.70	28.70	5.00	66.00	33.00	33.00	99.70	61.70	38.00

75% Employer Contribution

Monthly Rates	Employee Coverage			Dependent Coverage			Family Coverage		
	Dental Plan	Total	State	Employee	Total	State	Employee	Total	State
State Dental Plan (Delta)	33.70	21.54	12.16	66.00	24.76	41.24	99.70	46.30	53.40
HealthPartners State of MN Dental Plan	33.70	21.54	12.16	66.00	24.76	41.24	99.70	46.30	53.40

50% Employer Contribution

Monthly Rates	Employee Coverage			Dependent Coverage			Family Coverage		
	Dental Plan	Total	State	Employee	Total	State	Employee	Total	State
State Dental Plan (Delta)	33.70	14.36	19.34	66.00	16.50	49.50	99.70	30.86	68.84
HealthPartners State of MN Dental Plan	33.70	14.36	19.34	66.00	16.50	49.50	99.70	30.86	68.84

0.00% Employer Contribution

Monthly Rates	Employee Coverage			Dependent Coverage			Family Coverage		
	Dental Plan	Total	State	Employee	Total	State	Employee	Total	State
State Dental Plan (Delta)	33.70	0	33.70	66.00	0	66.00	99.70	0	99.70
HealthPartners State of MN Dental Plan	33.70	0	33.70	66.00	0	66.00	99.70	0	99.70