

# 2021 Dental Plan Rates

## 100% Employer Contribution

Monthly Rates	Employee Coverage			Dependent Coverage			Family Coverage		
	Total	State	Employee	Total	State	Employee	Total	State	Employee
State Dental Plan									
Delta Dental Grp 216	40.74	27.24	13.50	79.80	39.90	39.90	120.54	67.14	53.40
HealthPartners	40.74	27.24	13.50	79.80	39.90	39.90	120.54	67.14	53.40

## 75% Employer Contribution

Monthly Rates	Employee Coverage			Dependent Coverage			Family Coverage		
	Total	State	Employee	Total	State	Employee	Total	State	Employee
State Dental Plan									
Delta Dental Grp 216	40.74	20.44	20.30	79.80	29.94	49.86	120.54	50.38	70.16
HealthPartners	40.74	20.44	20.30	79.80	29.94	49.86	120.54	50.38	70.16

## 50% Employer Contribution

Monthly Rates	Employee Coverage			Dependent Coverage			Family Coverage		
	Total	State	Employee	Total	State	Employee	Total	State	Employee
State Dental Plan									
Delta Dental Grp 216	40.74	13.62	27.12	79.80	19.96	59.84	120.54	33.58	86.96
HealthPartners	40.74	13.62	27.12	79.80	19.96	59.84	120.54	33.58	86.96

## 0% Employer Contribution

Monthly Rates	Employee Coverage			Dependent Coverage			Family Coverage		
	Total	State	Employee	Total	State	Employee	Total	State	Employee
State Dental Plan									
Delta Dental Grp 216	40.74	0	40.74	79.80	0	79.80	120.54	0	120.54
HealthPartners	40.74	0	40.74	79.80	0	79.80	120.54	0	120.54