

SoCal Dental Partners

2018 Employee Contribution Breakdown

FULL MONTHLY PREMIUM PPO 1000 \$20/20%

Employee Only	\$611.75
Employee & Spouse	\$1,225.22
Employee & Child(ren)	\$1,020.73
Family	\$1,634.20

EMPLOYER MONTHLY CONTRIBUTION

0 - 3 Years*	\$369.05
4 - 5 Years*	\$427.23
6 - 10 Years*	\$485.40
11 Years* +	\$611.75

EMPLOYEE PER PAYCHECK CONTRIBUTION

	<u>0 - 3 Years*</u>	<u>4 - 5 Years*</u>	<u>6 - 10 Years*</u>	<u>11 Years +</u>
Employee Only	\$121.35	\$92.26	\$63.18	\$0.00
Employee & Spouse	\$428.09	\$399.00	\$369.91	\$306.74
Employee & Child(ren)	\$325.84	\$296.75	\$267.67	\$204.49
Family	\$632.58	\$603.49	\$574.40	\$511.23

****Eligibility for next tier is effective upon completion of prior tier (in years)***