

So Cal Dental Partners

2020 Employee Contribution Breakdown

FULL MONTHLY PREMIUM

PPO 1000 \$20/20%

Employee Only	\$750.05
Employee & Spouse	\$1,519.59
Employee & Child(ren)	\$1,263.09
Family	\$2,032.59

EMPLOYER MONTHLY CONTRIBUTION

0 - 3 Years*	\$450.03
4 - 5 Years*	\$525.04
6 - 10 Years*	\$600.04
11 Years* +	\$750.05

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	\$150.01	\$112.51	\$75.01	\$0.00
Employee & Spouse	\$534.78	\$497.28	\$459.78	\$384.77
Employee & Child(ren)	\$406.53	\$369.03	\$331.53	\$256.52
Family	\$791.28	\$753.78	\$716.28	\$641.27

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

