

2020 Dental Plan Contributions

Coverage Level	Biweekly 18 Pays		Biweekly 24 pays		Monthly/12 Pays		Monthly 9 months (January through May)**		Monthly 9 months (September through December)**	
	Employee	BGSU	Employee	BGSU	Employee	BGSU	Employee	BGSU	Employee	BGSU
Employee Only	\$ 4.20	\$ 16.78	\$ 3.16	\$ 12.59	\$6.30	\$ 25.17	\$ 10.08	\$ 40.27	\$6.30	\$ 25.17
Employee + Spouse	\$ 8.11	\$ 32.46	\$ 6.09	\$ 24.35	\$12.17	\$ 48.69	\$ 19.47	\$ 77.90	\$12.17	\$ 48.69
Employee + Child(ren)	\$ 10.32	\$ 41.29	\$ 7.74	\$ 30.97	\$15.48	\$ 61.94	\$ 24.77	\$ 99.10	\$15.48	\$ 61.94
Employee + Family	\$ 15.74	\$ 62.97	\$ 11.81	\$ 47.23	\$23.61	\$ 94.46	\$ 37.78	\$ 151.14	\$23.61	\$ 94.46

** Contributions for January through May = 8/12 of the amount paid over 5 equal monthly payments for coverage January through August.
 Contributions for September through December = 4/12 of the annual amount paid in 4 equal monthly payments for coverage September through December.