



1/1/2025

Group Dental Insurance Monthly Premiums

Full-Time Employee (30+ hours per week):					
PLAN	BCBS KS				
	Single	Employee + Child/ren	Employee + Spouse	Family	
Dental Insurance - All Tiers					
Employee Total	\$ -	\$ 5.00	\$ 10.00	\$ 15.00	
Washburn Total	35.39	75.69	65.73	106.03	
Total Premium	35.39	80.69	75.73	121.03	
Part-Time Employee (20-29 hours per week):					
PLAN	BCBS KS				
	Single	Employee + Child/ren	Employee + Spouse	Family	
Dental Insurance - All Tiers					
Employee Total	\$ -	\$ 45.30	\$ 40.34	\$ 85.64	
Washburn Total	35.39	35.39	35.39	35.39	
Total Premium	35.39	80.69	75.73	121.03	