2026-27 RICHFIELD PUBLIC SCHOOLS

NON-TEACHER MONTHLY PRORATED DENTAL INSURANCE PREMIUMS

WEEKLY HOURS WORKED	SINGLE COVERAGE	DISTRICT PAYS	FAMILY COVERAGE	DISTRICT PAYS
15	$36.87	$22.13	$56.88	$22.13
16	$35.40	$23.60	$55.40	$23.60
17	$33.92	$25.08	$53.93	$25.08
18	$32.45	$26.55	$52.45	$26.55
19	$30.97	$28.03	$50.98	$28.03
20	$29.50	$29.50	$49.50	$29.50
21	$28.02	$30.98	$48.03	$30.98
22	$26.55	$32.45	$46.55	$32.45
23	$25.07	$33.93	$45.08	$33.93
24	$23.60	$35.40	$43.60	$35.40
25	$22.12	$36.88	$42.13	$36.88
26	$20.65	$38.35	$40.65	$38.35
27	$19.17	$39.83	$39.18	$39.83
28	$17.70	$41.30	$37.70	$41.30
29	$16.22	$42.78	$36.23	$42.78
30	$14.75	$44.25	$34.75	$44.25
31	$13.27	$45.73	$33.28	$45.73
32	$11.80	$47.20	$31.80	$47.20
33	$10.32	$48.68	$30.33	$48.68
34	$8.85	$50.15	$28.85	$50.15
35	$7.37	$51.63	$27.38	$51.63
36	$5.90	$53.10	$25.90	$53.10
37	$4.42	$54.58	$24.43	$54.58
38	$2.95	$56.05	$22.95	$56.05
39	$1.47	$57.53	$21.48	$57.53
40	$0.00	$59.00	$20.00	$59.00