Worthington City Schools
Certified Staff
2027 Dental Insurance Premiums Per Month

DENTAL INSURANCE PREMIUMS						
FTE	Single			Family		
	Employee	Board	Total	Employee	Board	Total
Full Time	$ 8.16	$ 100.67	$ 108.83	$ 8.16	$ 100.67	$ 108.83
.90 FTE	$ 18.23	$ 90.60	$ 108.83	$ 18.23	$ 90.60	$ 108.83
.80 FTE	$ 28.30	$ 80.53	$ 108.83	$ 28.30	$ 80.53	$ 108.83
.70 FTE	$ 38.36	$ 70.47	$ 108.83	$ 38.36	$ 70.47	$ 108.83
.60 FTE	$ 48.43	$ 60.40	$ 108.83	$ 48.43	$ 60.40	$ 108.83
.50 FTE	$ 58.50	$ 50.33	$ 108.83	$ 58.50	$ 50.33	$ 108.83
.40 FTE	$ 68.56	$ 40.27	$ 108.83	$ 68.56	$ 40.27	$ 108.83
.30 FTE	$ 78.63	$ 30.20	$ 108.83	$ 78.63	$ 30.20	$ 108.83
.20 FTE	$ 88.70	$ 20.13	$ 108.83	$ 88.70	$ 20.13	$ 108.83
.10 FTE	$ 98.76	$ 10.07	$ 108.83	$ 98.76	$ 10.07	$ 108.83

2027 Vision Insurance for certified staff is provided 100% by the Board of Education.