Worthington City Schools
Classified Staff & Other Administrators
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
5 Hrs	$ 43.40	$ 65.43	$ 108.83	$ 43.40	$ 65.43	$ 108.83
4 Hrs	$ 58.50	$ 50.33	$ 108.83	$ 58.50	$ 50.33	$ 108.83
3 Hrs	$ 71.08	$ 37.75	$ 108.83	$ 71.08	$ 37.75	$ 108.83
2 Hrs	$ 108.83	$ -	$ 108.83	$ 108.83	$ -	$ 108.83
1 Hr	$ 108.83	$ -	$ 108.83	$ 108.83	$ -	$ 108.83

Example: If you are a 5.5 hour employee, premiums are based on 5 Hours