

Dental premiums are deducted from each paycheck.  
There are 26 paychecks in 2024.

**2024 Augusta Health Full-Time Dental Premiums**

Biweekly Premiums	Enhanced Dental Option			Basic Dental Option		
	Team Member	Employer	Total	Team Member	Employer	Total
Team Member Only	\$13.59	\$3.83	\$17.41	\$8.52	\$3.83	\$12.35
TM + Spouse	\$26.80	\$5.44	\$32.24	\$17.42	\$5.44	\$22.86
TM + Child	\$26.80	\$5.44	\$32.24	\$17.42	\$5.44	\$22.86
TM + Children	\$45.32	\$9.20	\$54.51	\$29.46	\$9.20	\$38.65
Family - FT	\$45.32	\$9.20	\$54.51	\$29.46	\$9.20	\$38.65
Family - 2 FT	\$33.54	\$20.97	\$54.51	\$17.68	\$20.97	\$38.65
Family - 1 FT / 1 PT	\$40.90	\$13.62	\$54.51	\$25.03	\$13.62	\$38.65

**2024 Augusta Health Part-Time Dental Premiums**

Biweekly Premiums	Enhanced Dental Option			Basic Dental Option		
	Team Member	Employer	Total	Team Member	Employer	Total
Team Member Only	\$16.99	\$0.42	\$17.41	\$11.93	\$0.42	\$12.35
TM + Spouse	\$30.28	\$1.96	\$32.24	\$20.90	\$1.96	\$22.86
TM + Child	\$30.28	\$1.96	\$32.24	\$20.90	\$1.96	\$22.86
TM + Children	\$51.21	\$3.31	\$54.51	\$35.34	\$3.31	\$38.65
Family - PT	\$51.21	\$3.31	\$54.51	\$35.34	\$3.31	\$38.65
Family - 2 PT	\$48.26	\$6.25	\$54.51	\$32.40	\$6.25	\$38.65

**2024 COBRA Dental Monthly Rates**

Monthly Rate	Enhanced Dental	Basic Dental
Single	\$38.48	\$27.30
Member + Spouse	\$71.26	\$50.54
Member + Child	\$71.26	\$50.54
Member + Children	\$120.48	\$85.42
Family	\$120.48	\$85.42