



2027 Bi-Weekly Dental Rates

Dental rates are deducted from each paycheck. There are 26 pay checks in 2027.

2027 Augusta Health Full-Time Dental

Enhanced Dental Option				Basic Dental Option			
Biweekly Premium	Team Member	Employer	Total	Biweekly Premium	Team Member	Employer	Total
Team Member Only	\$14.56	\$4.14	\$18.70	Team Member Only	\$9.13	\$4.14	\$13.27
Team Member + Child	\$28.72	\$5.88	\$34.59	Team Member + Child	\$18.66	\$5.88	\$24.54
Team Member + Children	\$48.56	\$9.93	\$58.49	Team Member + Children	\$31.57	\$9.93	\$41.49
Team Member + Spouse	\$28.72	\$5.88	\$34.59	Team Member + Spouse	\$18.66	\$5.88	\$24.54
Family FT	\$48.56	\$9.93	\$58.49	Family FT	\$31.57	\$9.93	\$41.49
Family 2 FT	\$35.93	\$22.64	\$58.57	Family 2 FT	\$18.94	\$22.64	\$41.58
Family 1 FT + 1 PT	\$43.82	\$14.70	\$58.52	Family 1 FT + 1 PT	\$26.81	\$14.70	\$41.52

2027 Augusta Health Part-Time Dental

Enhanced Dental Option				Basic Dental Option			
Biweekly Premium	Team Member	Employer	Total	Biweekly Premium	Team Member	Employer	Total
Team Member Only	\$18.20	\$0.45	\$18.65	Team Member Only	\$12.79	\$0.45	\$13.24
Team Member + Child	\$32.44	\$2.11	\$34.56	Team Member + Child	\$22.40	\$2.11	\$24.51
Team Member + Children	\$54.87	\$3.57	\$58.44	Team Member + Children	\$37.87	\$3.57	\$41.44
Team Member + Spouse	\$32.44	\$2.11	\$34.56	Team Member + Spouse	\$22.40	\$2.11	\$24.51
Family PT	\$54.87	\$3.57	\$58.44	Family PT	\$37.87	\$3.57	\$41.44
Family - 2 PT	\$51.70	\$6.75	\$58.45	Family - 2 PT	\$34.71	\$6.75	\$41.46