2027 CHPW Employee and Employer Contribution Tables

Dental Plan

Tier I - Annual Salary Less Than $75,000

Coverage	Monthly Employee Premium	Monthly Employer Premium	% Employer Paid	Total Monthly Premium
Employee Only	$0.00	$56.44	100%	$56.44
Employee & Spouse	$32.00	$81.45	72%	$113.45
Employee & Children	$52.00	$98.58	65%	$150.58
Employee & Family	$84.00	$123.34	59%	$207.34

Tier II - Annual Salary $75,00 to $120,000

Coverage	Monthly Employee Premium	Monthly Employer Premium	% Employer Paid	Total Monthly Premium
Employee Only	$6.00	$50.44	89%	$56.44
Employee & Spouse	$48.00	$65.45	58%	$113.45
Employee & Children	$76.00	$74.58	50%	$150.58
Employee & Family	$118.00	$89.34	43%	$207.34

Tier III - Annual Salary Greater Than $120,000

Coverage	Monthly Employee Premium	Monthly Employer Premium	% Employer Paid	Total Monthly Premium
Employee Only	$12.00	$44.44	79%	$56.44
Employee & Spouse	$65.00	$48.45	43%	$113.45
Employee & Children	$99.00	$51.58	34%	$150.58
Employee & Family	$152.00	$55.34	27%	$207.34