2017 MONTHLY CONTRIBUTION RATE SCHEDULE
DOD HEALTH BENEFITS PROGRAM

		MONTHLY RATES EFFECTIVE PAY PERIOD 01 JAN 17 - 31 DEC 17		
COVERAGE		DOD HEALTH/DENTAL COVERAGE		
		EMPLOYEE 30%	EMPLOYER 70%	TOTAL PREMIUM
MEDICAL for EMPLOYEE ONLY	L or 1	$167.54	$390.94	$558.48
DENTAL for EMPLOYEE ONLY		$9.73	$22.72	$32.45
MEDICAL + DENTAL for EMPLOYEE ONLY	T or R	$177.27	$413.66	$590.93
MEDICAL for EMPLOYEE with CHILD(REN) ONLY	11 OR 12	$323.36	$754.51	$1,077.87
DENTAL for EMPLOYEE with CHILD(REN) ONLY		$18.79	$43.84	$62.63
MEDICAL + DENTAL for EMPLOYEE W/CHILD(REN) ONLY	RS OR RT	$342.15	$798.35	$1,140.50
MEDICAL for EMPLOYEE with SPOUSE ONLY	13 OR 14	$387.02	$903.07	$1,290.09
DENTAL for EMPLOYEE with SPOUSE ONLY		$22.49	$52.48	$74.97
MEDICAL + DENTAL for EMPLOYEE W/SPOUSE ONLY	RU OR RV	$409.51	$955.55	$1,365.06
MEDICAL for EMPLOYEE with FAMILY MEMBERS	Q or 2	$512.69	$1,196.27	$1,708.96
DENTAL for EMPLOYEE with FAMILY MEMBERS		$29.79	$69.52	$99.31
MEDICAL + DENTAL for EMPLOYEE W/FAMILY MEMBERS	U or S	$542.48	$1,265.79	$1,808.27