

2021 Humana Dental Rates

Dental Health Maintenance Organization (DHMO) Plan

Plan Type	Monthly Premium	Employer Contribution (Monthly)	Employee Contribution		Retiree	COBRA
			Monthly	Per Pay		
Employee Only	\$14.20	\$14.20	\$0.00	\$0.00	\$14.20	\$14.48
Family	\$30.32	\$14.20	\$16.12	\$8.06	\$30.32	\$30.93
Dual	\$1.92	–	–	\$0.96	–	–

Dental Preferred Provider Organization (DPPO) Plan

Plan Type	Monthly Premium	Employer Contribution (Monthly)	Employee Contribution		Retiree	COBRA
			Monthly	Per Pay		
Employee Only	\$34.14	\$14.20	\$19.94	\$9.97	\$34.14	\$34.82
Family	\$87.86	\$14.20	\$73.66	\$36.83	\$87.86	\$89.62
Dual	\$59.46	–	–	\$29.73	–	–