## **Washburn University**

## **Group Dental Insurance Monthly Premiums as of January 1, 2024**

## Full-Time Employee (30+ hours per week):

PLAN	BCBS KS								
	Single	Employee + Child/ren		Employee + Spouse			Family		
Dental Insurance - All Tiers									
Employee Total	\$ -	\$	5.00	\$	10.00	\$	15.00		
Washburn Total	 35.39		75.69		65.73		106.03		
Total Premium	 35.39		80.69		75.73		121.03		

## Part-Time Employee (20-29 hours per week):

PLAN		BCBS KS								
	9	Single	Employee + Child/ren		Employee + Spouse			Family		
Dental Insurance - All Tiers										
Employee Total	\$	-	\$	45.30	\$	40.34	\$	85.64		
Washburn Total		35.39		35.39		35.39		35.39		
Total Premium		35.39		80.69		75.73		121.03		