

**City of Fargo**  
**Blue Cross Blue Shield North Dakota (BCBSND) Dental Premiums**  
**2021**

	Employee Pay Period Contribution	COF Pay Period Contribution	Employee Monthly Contribution	COF Monthly Contribution	Combined Monthly Premium	Total Annual Premium
<b>Full-Time Employee 40 (Scheduled Hours: 40 /week; 2080 /Year)*</b>						
Employee Only	\$0.00	\$20.85	\$0.00	\$41.70	\$41.70	\$500.40
+ spouse	\$20.90	\$20.85	\$41.80	\$41.70	\$83.50	\$1,002.00
+ children	\$19.85	\$20.85	\$39.70	\$41.70	\$81.40	\$976.80
+ spouse & children	\$41.15	\$20.85	\$82.30	\$41.70	\$124.00	\$1,488.00
<b>Full-Time Employee 30-39 (Scheduled Hours: 30-39/week; 1560-2079/year)*</b>						
Employee Only	\$5.21	\$15.64	\$10.42	\$31.28	\$41.70	\$500.40
+ spouse	\$26.11	\$15.64	\$52.22	\$31.28	\$83.50	\$1,002.00
+ children	\$25.06	\$15.64	\$50.12	\$31.28	\$81.40	\$976.80
+ spouse & children	\$46.36	\$15.64	\$92.72	\$31.28	\$124.00	\$1,488.00
<b>Part-time Employee 20-29 (Scheduled Hours 20-29/week; 1040 - 1559/year)*</b>						
Employee Only	\$10.42	\$10.43	\$20.84	\$20.86	\$41.70	\$500.40
+ spouse	\$31.32	\$10.43	\$62.64	\$20.86	\$83.50	\$1,002.00
+ children	\$30.27	\$10.43	\$60.54	\$20.86	\$81.40	\$976.80
+ spouse & children	\$51.57	\$10.43	\$103.14	\$20.86	\$124.00	\$1,488.00

\*Premiums apply to employees who are benefit eligible as defined in COF policy.

COBRA Rates	
	COBRA Monthly Premium
COBRA Employee Only	\$ 42.53
COBRA + spouse	\$ 85.17
COBRA + children	\$ 83.03
COBRA + spouse & Children	\$ 126.48

**Dental Insurance is effective the 1st of the month following date of hire.**