City of Fargo
Blue Cross Blue Shield North Dakota (BCBSND) Dental Premiums
2027

	Employee Pay Period Contribution	COF Pay Period Contribution	Employee Monthly Contribution	COF Monthly Contribution	Combined Monthly Premium	Total Annual Premium
Full-Time Employee 40 (Scheduled Hours: 40 /week; 2080 /Year)*						
Employee Only	$0.00	$27.10	$0.00	$54.20	$54.20	$650.40
+ spouse	$27.10	$27.10	$54.20	$54.20	$108.40	$1,300.80
+ children	$25.75	$27.10	$51.50	$54.20	$105.70	$1,268.40
+ spouse & children	$53.40	$27.10	$106.80	$54.20	$161.00	$1,932.00
Full-Time Employee 30-39 (Scheduled Hours: 30-39/week; 1560-2079/year)*						
Employee Only	$6.77	$20.33	$13.54	$40.66	$54.20	$650.40
+ spouse	$33.87	$20.33	$67.74	$40.66	$108.40	$1,300.80
+ children	$32.52	$20.33	$65.04	$40.66	$105.70	$1,268.40
+ spouse & children	$60.17	$20.33	$120.34	$40.66	$161.00	$1,932.00
Part-time Employee 20-29 (Scheduled Hours 20-29/week; 1040 - 1559/year)*						
Employee Only	$13.55	$13.55	$27.10	$27.10	$54.20	$650.40
+ spouse	$40.65	$13.55	$81.30	$27.10	$108.40	$1,300.80
+ children	$39.30	$13.55	$78.60	$27.10	$105.70	$1,268.40
+ spouse & children	$66.95	$13.55	$133.90	$27.10	$161.00	$1,932.00

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

COBRA Rates	
	COBRA Monthly Premium
COBRA Employee Only	$ 55.28
COBRA + spouse	$ 110.57
COBRA + children	$ 107.81
COBRA + spouse & Children	$ 164.22

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