

**City of Fargo**  
**Blue Cross Blue Shield North Dakota (BCBSND) Dental Premiums**  
**2025**

	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	\$25.45	\$0.00	\$50.90	\$50.90	\$610.80
+ spouse	\$25.45	\$25.45	\$50.90	\$50.90	\$101.80	\$1,221.60
+ children	\$24.21	\$25.45	\$48.42	\$50.90	\$99.32	\$1,191.84
+ spouse & children	\$50.13	\$25.45	\$100.26	\$50.90	\$151.16	\$1,813.92
<b>Full-Time Employee 30-39 (Scheduled Hours: 30-39/week; 1560-2079/year)*</b>						
Employee Only	\$6.36	\$19.09	\$12.72	\$38.18	\$50.90	\$610.80
+ spouse	\$31.81	\$19.09	\$63.62	\$38.18	\$101.80	\$1,221.60
+ children	\$30.57	\$19.09	\$61.14	\$38.18	\$99.32	\$1,191.84
+ spouse & children	\$56.49	\$19.09	\$112.98	\$38.18	\$151.16	\$1,813.92
<b>Part-time Employee 20-29 (Scheduled Hours 20-29/week; 1040 - 1559/year)*</b>						
Employee Only	\$12.73	\$12.73	\$25.45	\$25.45	\$50.90	\$610.80
+ spouse	\$38.18	\$12.73	\$76.35	\$25.45	\$101.80	\$1,221.60
+ children	\$36.94	\$12.73	\$73.87	\$25.45	\$99.32	\$1,191.84
+ spouse & children	\$62.86	\$12.73	\$125.71	\$25.45	\$151.16	\$1,813.92

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

COBRA Rates	
	COBRA Monthly Premium
COBRA Employee Only	\$ 51.92
COBRA + spouse	\$ 103.84
COBRA + children	\$ 101.31
COBRA + spouse & Children	\$ 154.18

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