



**BENEFITS**

## PRE-65 RETIREE MONTHLY DENTAL RATES

### VEBA Grandfathered (25+ Service Credits)

*Effective 7/1/2020 - 6/30/2021*

#### Delta Dental Preferred (Low Option)

|                           | Retirement Salary<br>\$24,999 and below |                       | Retirement Salary<br>\$25,000 - \$34,999 |                       | Retirement Salary<br>\$35,000 and above |                       |
|---------------------------|---|-----------------------|--|-----------------------|---|-----------------------|
|                           | Monthly Contribution                    |                       | Monthly Contribution                     |                       | Monthly Contribution                    |                       |
|                           | UNM<br>Pays (60%)                       | Retiree<br>Pays (40%) | UNM<br>Pays (50%)                        | Retiree<br>Pays (50%) | UNM<br>Pays (40%)                       | Retiree<br>Pays (60%) |
| Single (Retiree Only)     | \$11.40                                 | \$7.60                | \$9.50                                   | \$9.50                | \$7.60                                  | \$11.40               |
| Retiree + Spouse (Double) | \$22.80                                 | \$15.20               | \$19.00                                  | \$19.00               | \$15.20                                 | \$22.80               |
| Family                    | \$34.20                                 | \$22.80               | \$28.50                                  | \$28.50               | \$22.80                                 | \$34.20               |

#### Delta Dental Premier (High Option)

|                           | Retirement Salary<br>\$24,999 and below |                       | Retirement Salary<br>\$25,000 - \$34,999 |                       | Retirement Salary<br>\$35,000 and above |                       |
|---------------------------|---|-----------------------|--|-----------------------|---|-----------------------|
|                           | Monthly Contribution                    |                       | Monthly Contribution                     |                       | Monthly Contribution                    |                       |
|                           | UNM<br>Pays (60%)                       | Retiree<br>Pays (40%) | UNM<br>Pays (50%)                        | Retiree<br>Pays (50%) | UNM<br>Pays (40%)                       | Retiree<br>Pays (60%) |
| Single (Retiree Only)     | \$24.00                                 | \$16.00               | \$20.00                                  | \$20.00               | \$16.00                                 | \$24.00               |
| Retiree + Spouse (Double) | \$46.80                                 | \$31.20               | \$39.00                                  | \$39.00               | \$31.20                                 | \$46.80               |
| Family                    | \$76.80                                 | \$51.20               | \$64.00                                  | \$64.00               | \$51.20                                 | \$76.80               |

#### Pre-65 Dependents of 65+ Retirees

|   | Delta Dental Preferred<br>(Low Option) |                       | Delta Dental Premier<br>(High Option) |                       |
|---|--|-----------------------|---------------------------------------|-----------------------|
|   | Monthly Contribution                   |                       | Monthly Contribution                  |                       |
|   | UNM<br>Pays (30%)                      | Retiree<br>Pays (70%) | UNM<br>Pays (30%)                     | Retiree<br>Pays (70%) |
| Single (Dependent Only)                 | \$5.70                                 | \$13.30               | \$12.00                               | \$28.00               |
| Dependent + 1 Child (Double)            | \$11.40                                | \$26.60               | \$23.40                               | \$54.60               |
| Family (Widow and two or more Children) | \$17.10                                | \$39.90               | \$38.40                               | \$89.60               |

#### UNM Widow Rates

|   | Delta Dental Preferred<br>(Low Option) | Delta Dental Premier<br>(High Option) |
|---|--|---------------------------------------|
|   | Widow pays (100%)                      | Widow pays (100%)                     |
| Single (Widow Only)                     | \$19.00                                | \$40.00                               |
| Double (Widow and one Child)            | \$38.00                                | \$78.00                               |
| Family (Widow and two or more Children) | \$57.00                                | \$128.00                              |