

KCTCS and 18A/151B DENTAL PLAN RATES: 2008

Plan	Coverage Level	2008 Rates
Delta Dental-Premier	Employee	\$22.78
	Employee & One	\$43.74
	Family	\$72.30
Delta Dental Preferred	Employee	\$21.00
	Employee & One	\$40.32
	Family	\$69.28
Dental Care Plus <i>(Formerly ADENTA)</i>	Employee	\$26.52
	Employee & One	\$49.08
	Family	\$67.17
Comp Benefits C250Z	Employee	\$12.78
	Employee & One	\$24.68
	Family	\$33.30
Comp Benefits AVK3	Employee	\$17.22
	Employee & One	\$33.22
	Family	\$44.84
Health Resources	Employee	\$32.10
	Employee & Spouse	\$61.34
	Employee & Children	\$69.02
	Family	\$111.08