

2023 Humana Dental Rates

Dental Health Maintenance Organization (DHMO) Plan						
Plan Type	Monthly Premium	Employer Contribution (Monthly)	Employee Contribution Monthly	Employee Contribution Per Check	Retiree	COBRA
Employee Only	\$13.48	\$13.48	\$13.48	\$0.00	\$13.48	\$13.75
Family	\$28.79	\$13.48	\$15.31	\$7.66	\$28.79	\$29.37
Dual	-	\$1.83	-	\$0.91	-	-

Dental Preferred Provider Organization (DPPO) Plan						
Plan Type	Monthly Premium	Employer Contribution (Monthly)	Employee Contribution Monthly	Employee Contribution Per Check	Retiree	COBRA
Employee Only	\$32.43	\$13.48	\$18.95	\$9.48	\$32.43	\$33.08
Family	\$83.43	\$13.48	\$69.95	\$34.98	\$83.43	\$85.10
Dual	-	\$56.47	-	\$28.24	-	-