

TO: All SEEM Staff
FROM: Linda DiCecca
RE: Guardian Dental

The following rates are effective December 1, 2015 and will continue through November 30, 2016

Rates quoted are per pay period and are deducted 24 times per year.

<u>Coverage Type</u>	<u>Biweekly rate December 1, 2015-November 30, 2016</u>
Employee	\$19.29 per pay period
Employee + 1 dependent	\$38.46 per pay period
Full Family	\$66.65 per pay period

<u>Cobra Dental Insurance</u>	<u>Biweekly rate December 1, 2015-November 30, 2016</u>
Employee	\$19.67 per pay period
Employee + 1 dependent	\$39.22 per pay period
Full Family	\$67.98 per pay period