

<b>Dental</b>		
	<b>2021 COBRA Rates</b>	<b>2021 Disabled Beneficiaries Extension Rates (months 19-29)</b>
<b>Officers</b>		
<b>Aetna Columbia Dental Plan</b>		
Employee	\$41.00	\$60.00
EE + 1	\$82.00	\$120.00
Family	\$122.00	\$180.00
<b>Aetna DMO</b>		
Employee	\$12.82	\$18.86
EE + 1	N/A	N/A
Family	\$36.55	\$53.75

<b>Support Staff</b>		
<b>Aetna Columbia Dental Plan</b>		
Employee	\$41.00	\$60.00
EE + 1	\$82.00	\$120.00
Family	\$122.00	\$180.00
<b>Aetna Columbia DMO</b>		
Employee	\$12.82	\$18.86
EE + 1	N/A	N/A
Family	\$36.55	\$53.75
<b>EmblemHealth Dental Plan B - SSA and TWU</b>		
Employee	\$16.58	\$24.38
EE + 1	N/A	N/A
Family	\$53.06	\$78.03
<b>EmblemHealth Dental Plan A - Local 2110 and NUSS</b>		
Employee	\$17.71	\$26.04
EE + 1	N/A	N/A
Family	\$56.75	\$83.46