

Ameritas Dental (Contracted through 7/1/2027)	Total Monthly Cost	District Monthly Benefit	Employee Monthly Cost	Monthly Cost Per FSP EE
Employee	\$25.24	\$25.24	\$0.00	n/a
Employee + Spouse	\$51.60	\$25.24	\$26.36	n/a
Employee + Child(ren)	\$73.60	\$25.24	\$48.36	n/a
Family	\$97.68	\$25.24	\$72.44	n/a
Family Split Premium**	\$97.68	\$50.48	\$23.60	\$11.80