

Worthington City Schools
Certified Staff
2020 Dental Insurance Premiums Per Month

DENTAL INSURANCE PREMIUMS						
FTE	Single			Family		
	Employee	Board	Total	Employee	Board	Total
Full Time	6.66	81.97	88.63	6.66	81.97	88.63
.90 FTE	14.86	73.77	88.63	14.86	73.77	88.63
.80 FTE	23.06	65.57	88.63	23.06	65.57	88.63
.70 FTE	31.26	57.37	88.63	31.26	57.37	88.63
.60 FTE	39.46	49.17	88.63	39.46	49.17	88.63
.50 FTE	47.64	40.99	88.63	47.64	40.99	88.63
.40 FTE	55.84	32.79	88.63	55.84	32.79	88.63
.30 FTE	64.05	24.58	88.63	64.04	24.59	88.63
.20 FTE	72.24	16.39	88.63	72.24	16.39	88.63
.10 FTE	80.44	8.19	88.63	80.44	8.19	88.63