

**2019 ST. JOHN FISHER COLLEGE  
DENTAL PLAN RATES**

<i>Dental Rates</i>			
Plan	Employee	Two-Person	Family
Dental Blue Low – <b>24 pays</b>	12.69	26.52	42.60
Dental Blue High – <b>24 pays</b>	23.66	53.48	72.97
Dental Blue Low – <b>18 pays</b>	16.92	35.36	56.80
Dental Blue High – <b>18 pays</b>	31.54	71.30	97.29