

Appoquinimink School District**Cigna Dental Rates****effective July 1, 2026 - June 30, 2027**

	Dental: Cigna Plan A					
		per pay	per month	per year		
	Employee	\$23.86	\$47.72	\$572.64		
	Employee/Spouse	\$47.52	\$95.04	\$1,140.48		
	Employee/Child(ren)	\$47.27	\$94.54	\$1,134.48		
	Family	\$78.74	\$157.48	\$1,889.76		
	Dental: Cigna Plan B					
		per pay	per month	per year		
	Employee	\$15.16	\$30.32	\$363.84		
	Employee/Spouse	\$30.18	\$60.36	\$724.32		
	Employee/Child(ren)	\$30.40	\$60.80	\$729.60		
	Family	\$49.93	\$99.86	\$1,198.32		