



City of Kannapolis
July 1, 2024 - June 30, 2025

 Basic Dental Plan	Employee Only	Employee + Spouse	Employee + Children	Family
Total Monthly Premium	\$27.33	\$52.79	\$76.36	\$86.72
City Contribution	\$27.33	\$27.33	\$27.33	\$27.33
Employee Monthly Premium	\$0.00	\$25.46	\$49.03	\$59.39
Employee per 24 Deduction Pay Period	\$0.00	\$12.73	\$24.52	\$29.70

 High Dental Plan	Employee Only	Employee + Spouse	Employee + Children	Family
Total Monthly Premium	\$35.64	\$72.23	\$100.37	\$111.63
City Contribution	\$27.33	\$27.33	\$27.33	\$27.33
Employee Monthly Premium	\$8.31	\$44.90	\$73.04	\$84.30
Employee per 24 Deduction Pay Period	\$4.16	\$22.45	\$36.52	\$42.15