

Dental Insurance
January 1, 2017 - December 31, 2017



Delta Dental

Employee Premium Deduction

	24 Pay	18 Pay
Employee	\$ 3.66	\$ 4.87
Employee/Child(ren)	\$ 7.05	\$ 9.40
Employee/Spouse	\$ 7.02	\$ 9.35
Employee/Family	\$ 11.80	\$ 15.73

College Premium Contribution

	24 Pay	18 Pay
Employee	\$ 14.61	\$ 19.48
Employee/Child(ren)	\$ 28.18	\$ 37.57
Employee/Spouse	\$ 28.04	\$ 37.39
Employee/Family	\$ 47.20	\$ 62.93