

Dental Insurance Rates Effective July 1, 2017 – June 30, 2018

Provider	Plan	Type Of Coverage	Bi-Weekly Deduction 20 PAY PERIODS
DELTA DENTAL	Basic	Individual	\$19.65
DELTA DENTAL	Basic	Individual + 1	\$40.42
DELTA DENTAL	Basic	Family	\$59.35
DELTA DENTAL	Enhanced	Individual	\$34.17
DELTA DENTAL	Enhanced	Individual + 1	\$70.33
DELTA DENTAL	Enhanced	Family	\$108.23

Rates effective as of the September 15, 2017 paycheck