

## 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	\$18.32
DELTA DENTAL	Basic	Individual + 1	\$37.70
DELTA DENTAL	Basic	Family	\$58.02
DELTA DENTAL	Enhanced	Individual	\$31.87
DELTA DENTAL	Enhanced	Individual + 1	\$65.60
DELTA DENTAL	Enhanced	Family	\$100.94