

2018 DENTAL PREMIUMS

PLAN	Full-time or Part-time	Full-time or Part-time	Full-time or Part-time	Full-time or Part-time
Delta Dental	12 pay	10 pay*	24 pay	19 pay*
HIGH PPO				
Subscriber Only	\$32.68	\$39.22	\$16.34	\$20.64
Subscriber + 1	\$59.12	\$70.94	\$29.56	\$37.34
Subscriber & Family	\$92.82	\$111.38	\$46.41	\$58.62
LOW PPO				
Subscriber Only	\$21.90	\$26.28	\$10.95	\$13.83
Subscriber + 1	\$39.60	\$47.52	\$19.80	\$25.01
Subscriber & Family	\$62.14	\$74.57	\$31.07	\$39.25
DELTA CARE DHMO				
Subscriber Only	\$18.16	\$21.79	\$9.08	\$11.47
Subscriber + 1	\$30.24	\$36.29	\$15.12	\$19.10
Subscriber & Family	\$40.82	\$48.98	\$20.41	\$25.78
<p>*PLEASE NOTE: The 10 pay and 19 pay rates assume the employee works the entire school year (September through June). If the employee begins work after the start of the school year, further adjustments will be necessary in order to have 12 months of coverage.</p>				