

Dental Insurance Premiums



2024 PLAN YEAR

Dental Coverage Provided by **Delta Dental**

TOTAL COST			
Coverage Level - Low	Total Premium	Employee Cost	Employer Cost
Employee Only	23.00	0.00	23.00
Employee + Children	51.00	28.00	23.00
Employee + Spouse	51.00	28.00	23.00
Family	78.00	55.00	23.00
Coverage Level – High	Total Premium	Employee Cost	Employer Cost
Employee Only	42.00	12.60	29.40
Employee + Children	93.00	63.60	29.40
Employee + Spouse	93.00	63.60	29.40
Family	143.00	113.60	29.40

EMPLOYEES PAID MONTHLY – 12 PAY PERIODS

Payroll deductions are taken over 12 pay periods

Coverage Tier	Low Option	High Option
Coverage Level	Employee Cost	Employee Cost
Employee Only	0.00	12.60
Employee + Children	28.00	63.60
Employee + Spouse	28.00	63.60
Family	55.00	113.60

EMPLOYEES PAID BIWEEKLY – 26 PAY PERIODS

Payroll deductions are taken over 26 pay periods

Coverage Tier	Low Option	High Option
Coverage Level	Employee Cost	Employee Cost
Employee Only	0.00	5.82
Employee + Children	12.92	29.35
Employee + Spouse	12.92	29.35
Family	25.38	52.43

EMPLOYEES PAID BIWEEKLY – 20 PAY PERIODS

Payroll deductions are taken over 20 pay periods

Coverage Tier	Low Option	High Option
Coverage Level	Employee Cost	Employee Cost
Employee Only	0.00	7.56
Employee + Children	16.80	38.16
Employee + Spouse	16.80	38.16
Family	33.00	68.16