

Dental Insurance Premiums



2026 PLAN YEAR

Dental Coverage Provided by **Delta Dental**

TOTAL COST			
Coverage Level - Low		Total Premium	Employee Cost
Employee Only		23.00	0.00
Employee + Spouse		50.00	27.00
Employee + Children		50.00	27.00
Family		77.00	54.00
Coverage Level – High		Total Premium	Employee Cost
Employee Only		41.00	11.60
Employee + Spouse		92.00	62.60
Employee + Children		92.00	62.60
Family		141.00	111.60
Employer Cost			

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	11.60
Employee + Spouse	27.00	62.60
Employee + Children	27.00	62.60
Family	54.00	111.60

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	5.35
Employee + Spouse	12.46	28.89
Employee + Children	12.46	28.89
Family	24.92	51.51

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	6.96
Employee + Spouse	16.20	37.56
Employee + Children	16.20	37.56
Family	32.40	66.96