

Dental Insurance Premiums

2023 Plan Year

Dental Coverage Provided by Delta Dental

Total Cost			
Coverage Level - Low	Total Premium	Employee Cost	Employer Cost
Employee Only	\$24.00	\$0.00	\$24.00
Employee + Spouse	\$53.00	\$29.00	\$24.00
Employee + Children	\$53.00	\$29.00	\$24.00
Family	\$82.00	\$58.00	\$24.00
Coverage Level - High	Total Premium	Employee Cost	Employer Cost
Employee Only	\$44.00	\$13.20	\$30.80
Employee + Spouse	\$97.00	\$66.20	\$30.80
Employee + Children	\$97.00	\$66.20	\$30.80
Family	\$150.00	\$119.20	\$30.80

Employees Paid Monthly – 12 pay periods		
<i>Payroll deductions are taken over 12 pay periods</i>		
	Low Option	High Option
Coverage Level	Employee Cost	Employee Cost
Employee Only	0.00	13.20
Employee + Spouse	29.00	66.20
Employee + Children	29.00	66.20
Family	58.00	119.20

Employees Paid Biweekly – 26 pay periods		
<i>Payroll deductions are taken over 26 pay periods</i>		
	Low Option	High Option
Coverage Level	Employee Cost	Employee Cost
Employee Only	0.00	6.09
Employee + Spouse	13.38	30.55
Employee + Children	13.38	30.55
Family	26.77	55.02

Employees Paid Biweekly – 20 pay periods		
<i>Payroll deductions are taken over 20 pay periods</i>		
	Low Option	High Option
Coverage Level	Employee Cost	Employee Cost
Employee Only	0.00	7.92
Employee + Spouse	17.40	39.72
Employee + Children	17.40	39.72
Family	34.80	71.52