

## Bi-weekly Benefits Premium Rates: Dental

Delta Dental*			
Full-Time	Employee Contribution	Employer Contribution	Total Premium
Employee	\$0.00	\$16.33	\$16.33
Employee +1	\$13.53	\$18.68	\$32.21
Family	\$33.06	\$23.94	\$56.99

Delta Dental*			
Part-Time	Employee Contribution	Employer Contribution	Total Premium
Employee	\$10.19	\$8.33	\$18.52
Employee +1	\$23.43	\$12.61	\$36.05
Family	\$41.85	\$22.53	\$64.38

*\*All premiums are before potential discount(s) and additional charges as outlined in this guide. All rates shown are bi-weekly.*