

Dental Coverage Premiums

Which Plan?	Who will be Covered?	Your Choice of Payment Methods are Below. (Shaded options are not available.)					
			Biweekly	Monthly	Quarterly	Semi-Annual	Annual
Basic Delta Dental PPO SM	Member	NSA/DIA Payroll Allotment	\$12				
		AutoDebit From Bank		\$26	\$78	\$156	\$312
	Member Plus One	NSA/DIA Payroll Allotment	\$22				
		AutoDebit From Bank		\$47.67	\$143	\$286	\$572
	Member Plus Family	NSA/DIA Payroll Allotment	\$29				
		AutoDebit From Bank		\$62.83	\$188.50	\$377	\$754
Enhanced Delta Dental PPO	Member	NSA/DIA Payroll Allotment	\$22				
		AutoDebit From Bank		\$47.67	\$143	\$286	\$572
	Member Plus One	NSA/DIA Payroll Allotment	\$41				
		AutoDebit From Bank		\$88.83	\$266.50	\$533	\$1,066
	Member Plus Family	NSA/DIA Payroll Allotment	\$59				
		AutoDebit From Bank		\$127.83	\$383.50	\$767	\$1,534