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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
Standard Delta Dental PPO SM	Member	NSA/DIA Payroll Allotment	\$13				
		AutoDebit From Bank		\$28.17	\$84.50	\$169	\$338
	Member Plus One	NSA/DIA Payroll Allotment	\$25				
		AutoDebit From Bank		\$54.17	\$162.50	\$325	\$650
	Member Plus Family	NSA/DIA Payroll Allotment	\$32				
		AutoDebit From Bank		\$69.33	\$208.00	\$416	\$832

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