A DELTA DENTAL°

Effective July 1, 2024		Deduction Amount Per Pay				
	Premium Per	24 Pay	24 Pay Per		18 Pay	18 Pay Max
<u>High Plan</u>	Month	Deductions	Year		Deductions	To Fay Max
Employee Only	\$30.26	\$15.13	\$363.12		\$20.18	\$363.12
Employee+Spouse	\$62.37	\$31.19	\$748.44		\$41.58	\$748.44
Employee+Child(ren)	\$72.19	\$36.10	\$866.28		\$48.13	\$866.28
Family	\$114.67	\$57.34	\$1,376.04		\$76.45	\$1,376.04
Low Plan						
Employee Only	\$16.02	\$8.01	\$192.24		\$10.68	\$192.24
Employee+Spouse	\$32.70	\$16.35	\$392.40		\$21.80	\$392.40
Employee+Child(ren)	\$43.04	\$21.52	\$516.48		\$28.70	\$516.48
Family	\$66.13	\$33.07	\$793.56		\$44.09	\$793.56