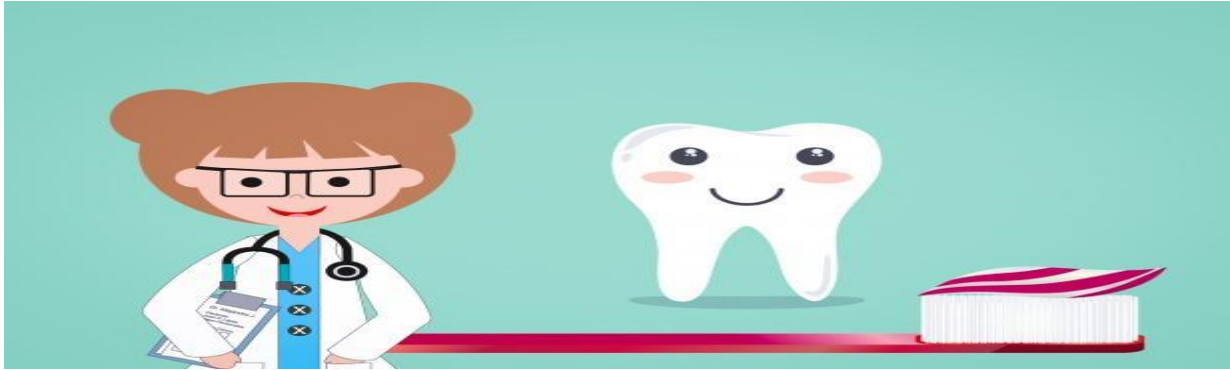


DELTA DENTAL PLANS



Plan Information:

[PEA](#)
[BASE](#)
[EDUCATIONAL TECHNICIAN](#)
[NON REPRESENTED](#)
[PAA](#)

PEA	Bi-Weekly RATES	Employee 1.0 FTE Bi-Weekly Premium Deduction	Employee .75 FTE Bi-Weekly Premium Deduction	Employee .50 FTE Bi-Weekly Premium Deduction
Single	\$22.74	ZERO	\$5.69	\$11.37
Adult w/ Child(ren)	\$58.06	\$35.32	\$41.00	\$46.69
Family	\$69.84	\$47.09	\$52.78	\$58.46
2 Person (Emp + Spouse)	\$45.50	\$22.76	\$28.44	\$34.13

DELTA DENTAL PLANS

BASE Full Year	Bi-Weekly RATES	Employee 1.0 FTE Bi-Weekly Premium Deduction	Employee .75 FTE Bi-Weekly Premium Deduction	Employee .50 FTE Bi-Weekly Premium Deduction
Single	\$16.75	ZERO	\$4.19	\$8.37
2 Person (Emp + Spouse)	\$33.33	\$16.58	\$20.77	\$24.95
3+ Person	\$53.28	\$36.53	\$40.72	\$44.90
BASE School Year	Bi-Weekly RATES	Employee 1.0 FTE Bi-Weekly Premium Deduction	Employee .75 FTE Bi-Weekly Premium Deduction	Employee .50 FTE Bi-Weekly Premium Deduction
Single	\$20.09	ZERO	\$5.02	\$10.05
2 Person (Emp + Spouse)	\$39.99	\$19.90	\$24.92	\$29.94
3+ Person	\$63.93	\$43.84	\$48.86	\$53.88
Ed Tech	Bi-Weekly RATES	Employee 1.0 FTE Bi-Weekly Premium Deduction	Employee .75 FTE Bi-Weekly Premium Deduction	Employee .50 FTE Bi-Weekly Premium Deduction
Single	\$20.09	ZERO	\$5.02	\$10.05
2 Person (Emp + Spouse)	\$39.99	\$19.90	\$24.92	\$29.94
3+ Person	\$63.93	\$43.84	\$48.86	\$53.88

DELTA DENTAL PLANS

Non Represented Full Year	Bi-Weekly RATES	Employee 1.0 FTE Bi-Weekly Premium Deduction	Employee .75 FTE Bi-Weekly Premium Deduction	Employee .50 FTE Bi-Weekly Premium Deduction
Single	\$20.23	ZERO	\$5.06	\$10.12
2 Person (Emp + Spouse)	\$40.43	\$20.30	\$25.35	\$30.41
3+ Person	\$69.47	\$49.24	\$54.29	\$59.35
Non Represented School Year	Bi-Weekly RATES	Employee 1.0 FTE Bi-Weekly Premium Deduction	Employee .75 FTE Bi-Weekly Premium Deduction	Employee .50 FTE Bi-Weekly Premium Deduction
Single	\$24.28	ZERO	\$6.07	\$12.14
2 Person (Emp + Spouse)	\$48.63	\$24.35	\$30.42	\$36.49
3+ Person	\$83.36	\$59.08	\$65.15	\$71.22
PAA	Bi-Weekly RATES	Employee 1.0 FTE Bi-Weekly Premium Deduction	Employee .75 FTE Bi-Weekly Premium Deduction	Employee .50 FTE Bi-Weekly Premium Deduction
Single	\$20.23	ZERO	\$5.06	\$10.12
2 Person (Emp + Spouse)	\$40.43	\$20.30	\$25.35	\$30.41
3+ Person	\$69.47	\$49.24	\$54.29	\$59.35