

**Dental Insurance**  
**January 1, 2021 - December 31, 2021**



**Delta Dental**

***Employee Premium Deduction***

	<b>26 Pay</b>	<b>20 Pay</b>
Employee	\$ 3.37	\$ 4.39
Employee/Child(ren)	\$ 6.51	\$ 8.46
Employee/Spouse	\$ 6.48	\$ 8.42
Employee/Family	\$ 10.89	\$ 14.15

***College Premium Contribution***

	<b>26 Pay</b>	<b>20 Pay</b>
Employee	\$ 13.49	\$ 17.53
Employee/Child(ren)	\$ 26.00	\$ 33.81
Employee/Spouse	\$ 25.88	\$ 33.65
Employee/Family	\$ 43.57	\$ 56.64

*\*Your share of the benefit costs will be deducted from your pay in equal amounts in the applicable pay periods in a program year. The College does not prorate benefit deductions.*