

DENTAL	Monthly	COBRA	Monthly	Monthly	Bi-Weekly	Bi-Weekly	Bi-Weekly	Total	Town	Employee
Delta Premier	Rate	Rate	Town Share	Employee Share	26 Pay	22 Pay	21 Pay	Annual Cost	Annual Cost	Annual Cost
Family	\$144.82	\$147.72	\$72.41	\$72.41	\$32.13	\$39.50	\$41.38	\$1,737.84	\$868.92	\$868.92
Individual +1	\$90.50	\$92.31	\$45.25	\$45.25	\$20.88	\$24.68	\$25.86	\$1,086.00	\$543.00	\$543.00
Individual	\$56.31	\$57.44	\$28.16	\$28.15	\$12.99	\$15.36	\$16.09	\$675.72	\$337.86	\$337.86
DeltaCare										
Family	\$83.71	\$85.38	\$41.86	\$41.86	\$19.32	\$22.83	\$23.92	\$1,004.52	\$502.26	\$502.26
Individual +1	\$55.61	\$56.72	\$27.81	\$27.81	\$12.83	\$15.17	\$15.89	\$667.32	\$333.66	\$333.66
Individual	\$29.68	\$30.27	\$14.84	\$14.84	\$6.85	\$8.09	\$8.48	\$356.16	\$178.08	\$178.08

Contact Information	
Delta Premier:	800-872-0500
Delta Care:	800-327-6277
www.deltadental.com	