## **Bi-weekly Benefits Premium Rates: Dental**

Delta Dental (Full-time, Bi-weekly rates)				
	Employee Contribution	Employer Contribution	Total Premium	
Employee	\$0.00	\$18.61	\$18.61	
Employee +1	\$15.41	\$21.28	\$36.70	
Family	\$37.66	\$27.27	\$64.93	

Delta Dental (Part-time, Bi-weekly rates)				
	Employee Contribution	Employer Contribution	Total Premium	
Employee	\$11.60	\$9.49	\$21.10	
Employee +1	\$26.69	\$14.37	\$41.07	
Family	\$47.68	\$25.67	\$73.35	



