

**Delta Dental
Plan Premiums
Effective: July 1, 2024**

Plan Type	Coverage Level	Monthly Cost*
Delta Dental High Plan	Employee Only	\$ 41.79
	Employee & One Dependent	\$ 78.40
	Family	\$ 123.92
Delta Dental Low Plan	Employee Only	\$ 28.21
	Employee & One Dependent	\$ 54.20
	Family	\$ 101.57

* Deducted 2nd paycheck of each month