

MONTHLY DENTAL INSURANCE RATES AND PAYROLL DEDUCTIONS

Effective 10/01/2023 - 09/30/2024

DELTA DENTAL INSURANCE PLAN

GROUP	COVERAGE TYPE	MONTHLY PREMIUM	DISTRICT MONTHLY CONTRIBUTION	EMPLOYEE MONTHLY DEDUCTION
ALL EMPLOYEES	S	\$32.93	\$23.85	\$9.08
Except Teachers, SCPA,SCAA	F	\$94.70	\$66.70	\$28.00
SCPA & SCAA	S	\$32.93	\$32.93	\$0.00
	F	\$94.70	\$78.75	\$15.95
TEACHER	S	\$32.93	FULL	\$0.00
.81% & up	F	\$94.70	\$70.25	\$24.45
Part Time TEACHER	S	\$32.93	\$26.34	\$6.59
.61% through .80%	F	\$94.70	\$56.20	\$38.50
Part Time TEACHER	S	\$32.93	\$19.76	\$13.17
.50% through .60%	F	\$94.70	\$42.15	\$52.55
Teacher Married to Teacher	S	\$32.93	FULL	\$0.00
	F	\$94.70	FULL	\$0.00

***If you are a 10 month employee, your September through August premiums will be deducted from September 30th through May 31st at an adjusted rate.**