

Rates for effective dates of 11-1-2019 through 10-1-2020

Monthly Premium (Bank Draft or Credit Card)

Contract Type	Delta Dental PPO Plus DeltaVision Monthly Premium	Delta Dental PPO Only Monthly Premium	DeltaVision Only Monthly Premium
Employee only	\$29.40	\$24.94	\$9.24
Employee plus Spouse	\$65.78	\$56.88	\$9.24
Employee plus Child(ren)	\$57.42	\$47.90	\$9.24
Family	\$90.06	\$80.82	\$9.24

Annual Premium (Check, Money Order, or Credit Card)

Contract Type	Delta Dental PPO Plus DeltaVision Annual Premium	Delta Dental PPO Only Annual Premium	DeltaVision Only Annual Premium
Employee only	\$352.80	\$299.28	\$110.88
Employee plus Spouse	\$789.36	\$682.56	\$110.88
Employee plus Child(ren)	\$689.04	\$574.80	\$110.88
Family	\$1,080.72	\$969.84	\$110.88

Applications received by the 20th of the month will be effective the 1st of the following month. If received after the 20th, effective date is the 1st of the second following month.