## MONTHLY PAYROLL DEDUCTIONS FOR DENTAL INSURANCE COVERAGE (1/1/2021)

	DELTA DENTAL	DELTA DENTAL	
	INDIVIDUAL	FAMILY	
Unit			
Administrators	\$0.00	\$65.45	

		DELTACARE USA /		PPO FAMILY
			DELTA DENTAL PPO INDIVIDUAL	DELTA DENTAL PPO FAMILY
Clericals	\$0.00	\$29.64	\$0.00	\$62.98

			DELTA DENTAL PPO	DELTA DENTAL
	DELTA CARE USA /	DELTACARE USA /	INDIVIDUAL	PPO FAMILY
	DELTA DENTAL	DELTA DENTAL		
Unit	DHMO INDIVIDUAL	DHMO FAMILY		
Para-Professional	\$0.00	\$29.64	\$0.00	\$62.98

	DELTA CARE USA /		DELTA DENTAL PPO INDIVIDUAL	DELTA DENTAL PPO FAMILY
Unit		DELTA DENTAL DHMO FAMILY		
Security	\$2.22	\$12.96	\$3.46	\$24.40

			DELTA DENTAL PPO	DELTA DENTAL
	DELTA CARE USA /	DELTACARE USA /	INDIVIDUAL	PPO FAMILY
	DELTA DENTAL	DELTA DENTAL		
Unit	DHMO INDIVIDUAL	DHMO FAMILY		
Teachers and Nurses	\$5.53	\$35.17	\$17.94	\$80.92