

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

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

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

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

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

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