

# Dental Insurance Premiums



## 2026 PLAN YEAR

Dental Coverage Provided by **Delta Dental**

TOTAL COST			
Coverage Level - Low	Total Premium	Employee Cost	Employer Cost
Employee Only	23.00	0.00	23.00
Employee + Spouse	50.00	27.00	23.00
Employee + Children	50.00	27.00	23.00
Family	77.00	54.00	23.00
Coverage Level – High	Total Premium	Employee Cost	Employer Cost
Employee Only	41.00	11.60	29.40
Employee + Spouse	92.00	62.60	29.40
Employee + Children	92.00	62.60	29.40
Family	141.00	111.60	29.40

### EMPLOYEES PAID MONTHLY – 12 PAY PERIODS

*Payroll deductions are taken over 12 pay periods*

Coverage Tier	Low Option	High Option
Coverage Level	Employee Cost	Employee Cost
Employee Only	0.00	11.60
Employee + Spouse	27.00	62.60
Employee + Children	27.00	62.60
Family	54.00	111.60

### EMPLOYEES PAID BIWEEKLY – 26 PAY PERIODS

*Payroll deductions are taken over 26 pay periods*

Coverage Tier	Low Option	High Option
Coverage Level	Employee Cost	Employee Cost
Employee Only	0.00	5.35
Employee + Spouse	12.46	28.89
Employee + Children	12.46	28.89
Family	24.92	51.51

### EMPLOYEES PAID BIWEEKLY – 20 PAY PERIODS

*Payroll deductions are taken over 20 pay periods*

Coverage Tier	Low Option	High Option
Coverage Level	Employee Cost	Employee Cost
Employee Only	0.00	6.96
Employee + Spouse	16.20	37.56
Employee + Children	16.20	37.56
Family	32.40	66.96