

Delta Dental 2019 Active Rates	Family		Single	
	Annual	Monthly	Annual	Monthly
Dental Dental Total Premium Cost	\$ 1,540.80	\$ 128.40	\$ 598.92	\$ 49.91
Employee Contribution*	\$ 154.08	\$ 12.84	\$ 59.88	\$ 4.99

*Employee pays 10% of the premium. District pays 90% of the premium.