

DELTA DENTAL INSURANCE PREMIUMS
Semi-Monthly Rates Effective July 1, 2010

75% - 100% Appointment	Employee	Employer	Total
Employee only	\$7.54	\$8.00	\$15.54
Employee & Spouse	\$15.53	\$16.47	\$32.00
Employee & Child(ren)	\$13.12	\$13.92	\$27.04
Employee, Spouse, & Child(ren)	\$21.12	\$22.40	\$43.52
50%-74% Appointment			
Employee only	\$10.11	\$5.43	\$15.54
Employee & Spouse	\$20.82	\$11.18	\$32.00
Employee & Child(ren)	\$17.58	\$9.46	\$27.04
Employee, Spouse, & Child(ren)	\$28.30	\$15.22	\$43.52