

## **2023 DELTA DENTAL**

For Plan Year Effective:

January 1, 2023 through December 31, 2023

Deductions	begin	December	15.2022

	Delta Dental P	PO - Option 1	Delta Dental Pl	PO - Option 2	Delta Care DN	10 - Option 3
24 Pay per Year	Per Month	Per pay	Per Month	Per pay	Per Month	Per pay
Employee	\$24.86	\$12.43	\$29.72	\$14.86	\$12.68	\$6.34
Employee & Spouse	\$52.20	\$26.10	\$62.42	\$31.21	\$22.20	\$11.10
Employee & Child(ren)	\$52.70	\$26.35	\$63.02	\$31.51	\$26.66	\$13.33
Employee & Family	\$87.38	\$43.69	\$104.50	\$52.25	\$37.42	\$18.71
	Delta Dental PPO - Option 1		Delta Dental PPO - Option 2		Delta Care - DMO Option 3	
	Delta Dental P	PO - Option 1	Delta Dental Pl	PO - Option 2	Delta Care - D	MO Option 3
18 Pay per Year	Delta Dental P Per Month	PO - Option 1 Per pay	Delta Dental PF Per Month	PO - Option 2 Per pay	Delta Care - D Per Month	MO Option 3 Per pay
18 Pay per Year Employee				•		
	Per Month	Per pay	Per Month	Per pay	Per Month	Per pay
Employee	<b>Per Month</b> \$33.16	Per pay \$16.58	<b>Per Month</b> \$39.64	Per pay \$19.82	<b>Per Month</b> \$16.92	Per pay \$8.46

The per pay totals were formula generated and may reflect slight round differences