

2024 DENTAL RATES

Carrier	Coverage Level	Total Annual Cost	Amount Employee Pays (Per Pay Period)
Delta Care HMO	Employee Only	\$260.52	\$10.86
	Two Party	\$430.32	\$17.93
	Family	\$636.12	\$26.51
Delta Dental PPO	Employee Only	\$503.28	\$20.97
	Two Party	\$1,014.00	\$42.25
	Family	\$1,723.08	\$71.81

2024 VISION RATES

Carrier	Coverage Level	Total Annual Cost	Amount Employee Pays (Per Pay Period)
EYE MED	Employee Only	\$110.88	\$4.62
	Two Party	\$211.08	\$8.80
	Family	\$309.72	\$12.91