

Plan Name	Plan Premium	Employee	Employer	Plan Name	Plan Premium	Monthly Cost
				DENTAL		
				Delta Dental		
<30	\$345.00	\$51.75	\$293.25	Employee Only	\$46.20	\$0.00
30-39	\$381.00	\$57.15	\$323.85	Employee + 1 Dep.	\$92.40	\$0.00
40-49	\$491.00	\$73.65	\$417.35	Employee + 2 Dep.	\$143.20	\$0.00
50-54	\$639.00	\$95.85	\$543.15			
55-59	\$808.00	\$121.20	\$686.80	VISION		
60-64	\$996.00	\$149.40	\$846.60			
65+	\$1,130.00					