

2026 Delta Dental Rates

** Payments for Dental if you elect bi-weekly payroll deduction are paid over 24 pay periods

DELTA CARE HMO	ANNUAL	BI-WEEKLY
Employee	\$260.52	\$10.86
Employee + 1	\$430.32	\$17.93
Employee + Family	\$636.12	\$26.51

DELTA DENTAL PPO	ANNUAL	BI-WEEKLY
Employee	\$503.28	\$20.97
Employee + 1	\$1,014.00	\$42.25
Employee + Family	\$1,723.08	\$71.80

2026 Eye Med Rates

** Payments for Vision if you elect bi-weekly payroll deduction are paid over 24 pay periods

EYE MED	ANNUAL	BI-WEEKLY
Employee	\$110.88	\$4.62
Employee + 1	\$211.08	\$8.80
Employee + Family	\$309.72	\$12.91