
Delta Dental Insurance Rates: (7/1/24 - 6/30/26)

	Monthly Premium	12 Month Employees	10 Month Employees Extra	COBRA RATES
Low (Base) Option #07096-9902				
Individual	\$34.41	\$17.21	\$20.65	\$35.10
Family	\$90.30	\$45.15	\$54.18	\$92.11
High Option #07096-9901				
Individual	\$44.92	\$23.16	\$26.95	\$45.82
Family	\$114.42	\$57.21	\$68.65	\$116.71