

# DENTAL INSURANCE NOTICE

*Effective July 1, 2019*

The following documentation is required in order to obtain family coverage:

- Marriage Certificate
- Birth Certificates for dependent children (up to age 26)

## **Delta Dental Insurance Rates - 2019**

	January 2019 Premium Monthly Rates	All 12-month Employees Per Pay	SCHOOLS 10-month Employees Per Pay
Low (Base) Option			
Individual	\$35.47	\$17.74	\$21.28
Family	\$93.09	\$46.55	\$55.86
High Option			
Individual	\$46.31	\$23.16	\$27.79
Family	\$117.96	\$58.98	\$70.78