ALL Employees – Bi-weekly (Two deductions per month, over 12 months)			
	Employee Only	**Employee + 1**	**Employee & Family**
Dental HMO	$8.92 per check / $17.84 per month	$16.35 per check / $32.70 per month	$28.11 per check / $56.21 per month
Dental PPO	$19.95 per check / $39.90 per month	$37.15 per check / $74.29 per month	$58.49 per check / $116.97 per month