

2026-2027
DELTA DENTAL PREMIUMS
EFFECTIVE 7/1/2026

SINGLE

Annual Premium **\$472.95**

Percent of District Contribution	Calendar Year Per Check Premium <u>Deducted from 24 Checks</u>		School Year Support Staff Per Check Premium <u>Deducted from 18 Checks</u>		Teacher 22 Paychecks Per Check Premium <u>Deducted from 20 Checks</u>	
	Employee	District	Employee	District	Employee	District
	90%	1.97	17.74	2.63	23.65	2.37
85%	2.96	16.75	3.95	22.33	3.55	20.10
80%	3.94	15.77	5.26	21.02	4.73	18.92
70%	5.92	13.79	7.89	18.39	7.10	16.55
65%	6.90	12.81	9.20	17.08	8.28	15.37
60%	7.89	11.82	10.51	15.77	9.46	14.19

FAMILY

Annual Premium **\$1,462.68**

Percent of District Contribution	Calendar Year Per Check Premium <u>Deducted from 24 Checks</u>		School Year Support Staff Per Check Premium <u>Deducted from 18 Checks</u>		Teacher 22 Paychecks Per Check Premium <u>Deducted from 20 Checks</u>	
	Employee	District	Employee	District	Employee	District
	90%	6.10	54.85	8.13	73.13	7.31
85%	9.15	51.80	12.19	69.07	10.97	62.16
80%	12.19	48.76	16.25	65.01	14.62	58.51
70%	18.29	42.66	24.38	56.88	21.94	51.19
65%	21.34	39.61	28.44	52.82	25.59	47.54
60%	24.38	36.57	32.50	48.76	29.25	43.88