Post-7/1/2026 Hire Benefit Schedule

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

SINGLE

Annual Premium **$472.95**

Daily Scheduled Hours	Percent of District Contribution	Calendar Year Per Check Premium Deducted from 24 Checks		School Year Support Staff Per Check Premium Deducted from 18 Checks		Teacher 22 Paychecks Per Check Premium Deducted from 20 Checks	
		Employee	District	Employee	District	Employee	District
7.1 and up	85%	2.96	16.75	3.95	22.33	3.55	20.10
6.1 to 7.0	75%	4.93	14.78	6.57	19.71	5.91	17.74
6.0	65%	6.90	12.81	9.20	17.08	8.28	15.37

FAMILY

Annual Premium **$1,462.68**

Daily Scheduled Hours	Percent of District Contribution	Calendar Year Per Check Premium Deducted from 24 Checks		School Year Support Staff Per Check Premium Deducted from 18 Checks		Teacher 22 Paychecks Per Check Premium Deducted from 20 Checks	
		Employee	District	Employee	District	Employee	District
7.1 and up	85%	9.15	51.80	12.19	69.07	10.97	62.16
6.1 to 7.0	75%	15.24	45.71	20.31	60.95	18.28	54.85
6.0	65%	21.34	39.61	28.44	52.82	25.59	47.54