EMPLOYEES HIRED PRIOR TO 7/1/2026

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

SINGLE

Annual Premium $472.95

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
100%	0.00	19.71				
90%	1.97	17.74	2.63	23.65	2.37	21.28
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
75%	4.93	14.78	6.57	19.71	5.91	17.74
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 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
100%	0.00	60.95				
90%	6.10	54.85	8.13	73.13	7.31	65.82
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
75%	15.24	45.71	20.31	60.95	18.28	54.85
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