2017 Medical Rates Per Paycheck

For active benefits eligible employees

		Completed MHA, Tobacco Affidvait and Physical		Completed MHA and Tobacco Affidavit OR Physical		Completed no requirements	
Basic Plan	**Total Cost**	**Monthly Employee Cost**	**Employee Cost Per Paycheck**	**Monthly Employee Cost**	**Employee Cost Per Paycheck**	**Monthly Employee Cost**	**Employee Cost Per Paycheck**
Employee Only	$696.82	$104.38	$48.17	$154.38	$71.25	$204.38	$94.33
Employee + Spouse	$1,368.17	$445.86	$205.78	$495.86	$228.86	$545.86	$251.94
Employee + Child(ren)	$1,253.03	$385.34	$177.85	$435.34	$200.93	$485.34	$224.00
Employee + Family	$1,877.41	$602.13	$277.91	$652.13	$300.99	$702.13	$324.06

Consumer Choice Plan	**Total Cost**	**Monthly Employee Cost**	**Employee Cost Per Paycheck**	**Monthly Employee Cost**	**Employee Cost Per Paycheck**	**Monthly Employee Cost**	**Employee Cost Per Paycheck**
Employee Only	$548.42	$0.00	$0.00	$50.00	$23.08	$100.00	$46.15
Employee + Spouse	$1,083.91	$266.05	$122.79	$316.05	$145.87	$366.05	$168.94
Employee + Child(ren)	$990.11	$250.83	$115.77	$300.83	$138.85	$350.83	$161.92
Employee + Family	$1,544.90	$375.78	$173.44	$425.78	$196.52	$475.78	$219.59

2017 Semi-Monthly Dental Rate

For active full time, part time employees and council aides

DPPO Plan

	DPPO High	DPPO Low
Employee Only	$14.74	$9.93
Employee + Spouse	$30.21	$18.86
Employee + Child(ren)	$39.05	$21.84
Employee + Family	$49.36	$30.78

DHMO Plan

	DHMO High	DHMO Low
Employee Only	$6.77	$4.57
Employee + Spouse	$11.66	$7.83
Employee + Child(ren)	$13.55	$8.15
Employee + Family	$20.67	$12.19

Delta Dental www.deltadentalins.com
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DHMO 800-422-4234