## 12 MONTH Employees

JANUARY 1, 2023 through DECEMBER 31, 2023

## **DENTAL PLANS Monthly Rates**

DELTA DENTAL PREMIER	EMPLOYEE ONLY	TWO-PARTY	FAMILY
Total Premium	\$69.31	\$138.64	\$169.13
District Contribution	\$69.31	\$117.84	\$139.18
Employee Contribution	\$0.00	\$20.80	\$29.95

DELTA CARE (PMI)	EMPLOYEE ONLY	TWO-PARTY	FAMILY
Total Premium	\$21.43	\$35.37	\$52.17
District Contribution	\$21.43	\$35.37	\$52.17
Employee Contribution	\$0.00	\$0.00	\$0.00

The District pays Delta Care (PMI) premiums. There are no employee contributions.

## **VISION PLAN Monthly Rates**

VISION SERVICE PLAN	EMPLOYEE ONLY	TWO-PARTY	FAMILY
Total Premium	\$9.62	\$19.57	\$27.79
District Contribution	\$9.62	\$16.58	\$22.34
Employee Contribution	\$0.00	\$2.99	\$5.45