

**THE SCHOOL BOARD OF BAY COUNTY - GROUP DENTAL INSURANCE**

1/1/2024

Provider - Delta Dental

	HIGH OPTION		LOW OPTION	
	EMPLOYEE CONTRIBUTION (PER PAYCHECK)			
TYPE OF COVERAGE	Administrative	Instructional / Licensed / Support / Confidential	Administrative	Instructional / Licensed / Support / Confidential
	Monthly	Semi-Monthly	Monthly	Semi-Monthly
Employee	<b>\$34.40</b>	<b>\$17.20</b>	<b>\$14.84</b>	<b>\$7.42</b>
Employee/Spouse	<b>\$59.61</b>	<b>\$29.81</b>	<b>\$25.71</b>	<b>\$12.86</b>
Employee/Child	<b>\$59.38</b>	<b>\$29.69</b>	<b>\$25.61</b>	<b>\$12.81</b>
Family	<b>\$91.82</b>	<b>\$45.91</b>	<b>\$39.65</b>	<b>\$19.83</b>