

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

Provider - Delta Dental

<b>EMPLOYEE CONTRIBUTION (PER PAYCHECK)</b>				
	<b>HIGH OPTION</b>		<b>LOW OPTION</b>	
<b>TYPE OF COVERAGE</b>	<b>Monthly</b>	<b>Semi-Monthly</b>	<b>Monthly</b>	<b>Semi-Monthly</b>
Employee	<b>\$32.90</b>	<b>\$16.45</b>	<b>\$14.19</b>	<b>\$7.10</b>
Employee/Spouse	<b>\$57.00</b>	<b>\$28.50</b>	<b>\$24.59</b>	<b>\$12.30</b>
Employee/Child	<b>\$56.79</b>	<b>\$28.40</b>	<b>\$24.49</b>	<b>\$12.25</b>
Family	<b>\$87.81</b>	<b>\$43.91</b>	<b>\$37.91</b>	<b>\$18.96</b>