



**2017 Employee Dental Cost Based on HMO covered at 100%**

DENTAL COST	2017 Monthly Premium Total	YPI Monthly Contribution	Employee Monthly Cost
<b>Delta HMO (Base Plan)</b>			
Employee Only	\$13.91	\$13.91	\$0.00
Employee + 1	\$26.52	\$26.52	\$0.00
Employee + Family	\$42.76	\$42.76	\$0.00
<b>Delta \$1,000 PPO (Buy-Up Plan)</b>			
Employee Only	\$46.04	\$13.91	\$32.13
Employee + 1	\$89.57	\$26.52	\$63.05
Employee + Family	\$147.01	\$42.76	\$104.25
<b>Delta \$2,000 PPO Plan (Buy-Up Plan)</b>			
Employee Only	\$55.09	\$13.91	\$41.18
Employee + 1	\$106.26	\$26.52	\$79.74
Employee + Family	\$176.94	\$42.76	\$134.18

Employee 12 Months (24 pay periods)	Employee 11 Months (22 pay periods)	Employee 10 Months (19 pay periods)
Per Pay Check	Per Pay Check	Per Pay Check
\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00
\$16.07	\$17.53	\$20.29
\$31.53	\$34.39	\$39.82
\$52.13	\$56.86	\$65.84
\$20.59	\$22.46	\$26.01
\$39.87	\$43.49	\$50.36
\$67.09	\$73.19	\$84.75