

DELTA DENTAL INSURANCE PREMIUMS
Semi-Monthly Rates Effective July 1, 2009

100% Appointment**	Employee	Employer	Total
Employee only	\$7.54	\$7.55	\$15.09
Employee & Spouse	\$15.53	\$15.54	\$31.07
Employee & Child(ren)	\$13.12	\$13.13	\$26.25
Employee, Spouse, & Child(ren)	\$21.12	\$21.13	\$42.25
75%-99% Appointment**			
Employee only	\$9.35	\$5.74	\$15.09
Employee & Spouse	\$19.26	\$11.81	\$31.07
Employee & Child(ren)	\$16.27	\$9.98	\$26.25
Employee, Spouse, & Child(ren)	\$26.19	\$16.06	\$42.25
66%-74% Appointment**			
Employee only	\$10.11	\$4.98	\$15.09
Employee & Spouse	\$20.82	\$10.25	\$31.07
Employee & Child(ren)	\$17.58	\$8.67	\$26.25
Employee, Spouse, & Child(ren)	\$28.30	\$13.95	\$42.25
50%-65% Appointment**			
Employee only	\$11.31	\$3.78	\$15.09
Employee & Spouse	\$23.30	\$7.77	\$31.07
Employee & Child(ren)	\$19.68	\$6.57	\$26.25
Employee, Spouse, & Child(ren)	\$31.68	\$10.57	\$42.25