

# 2017 Delta Dental DHMO & PPO Rates

## Biweekly (26 Pays)

DeltaCare USA DHMO – Biweekly Rates				Delta Dental PPO – Biweekly Rates			
Coverage Level	Total Cost	City Cost	Employee Cost	Coverage Level	Total Cost	City Cost	Employee Cost
Participant Only	\$ 3.64	\$ 3.64	\$ -	Participant Only	\$ 12.54	\$ 3.65	\$ 8.89
Participant + Child	\$ 6.18	\$ 6.18	\$ -	Participant + Child	\$ 21.30	\$ 6.18	\$ 15.12
Participant + Spouse	\$ 7.27	\$ 7.27	\$ -	Participant + Spouse	\$ 25.07	\$ 7.27	\$ 17.80
Participant + Family	\$ 10.18	\$ 10.18	\$ -	Participant + Family	\$ 35.08	\$ 10.18	\$ 24.90

## Weekly (52 Pays)

DeltaCare USA DHMO – Weekly Rates				Delta Dental PPO – Weekly Rates			
Coverage Level	Total Cost	City Cost	Employee Cost	Coverage Level	Total Cost	City Cost	Employee Cost
Participant Only	\$ 1.82	\$ 1.82	\$ -	Participant Only	\$ 6.27	\$ 1.82	\$ 4.45
Participant + Child	\$ 3.09	\$ 3.09	\$ -	Participant + Child	\$ 10.65	\$ 3.09	\$ 7.56
Participant + Spouse	\$ 3.63	\$ 3.63	\$ -	Participant + Spouse	\$ 12.53	\$ 3.63	\$ 8.90
Participant + Family	\$ 5.09	\$ 5.09	\$ -	Participant + Family	\$ 17.54	\$ 5.09	\$ 12.45

## 21-Pays - Biweekly (10-Months)

DeltaCare USA DHMO – 21-Pays (Biweekly) Rates				Delta Dental PPO – 21-Pays (Biweekly) Rates			
Coverage Level	Total Cost	City Cost	Employee Cost	Coverage Level	Total Cost	City Cost	Employee Cost
Participant Only	\$ 4.51	\$ 4.51	\$ -	Participant Only	\$ 15.52	\$ 4.51	\$ 11.01
Participant + Child	\$ 7.65	\$ 7.65	\$ -	Participant + Child	\$ 26.37	\$ 7.66	\$ 18.71
Participant + Spouse	\$ 9.00	\$ 9.00	\$ -	Participant + Spouse	\$ 31.03	\$ 9.00	\$ 22.03
Participant + Family	\$ 12.60	\$ 12.60	\$ -	Participant + Family	\$ 43.43	\$ 12.60	\$ 30.83

## Monthly (12-Months)

DeltaCare USA DHMO – Monthly Rates				Delta Dental PPO – Monthly Rates			
Coverage Level	Total Cost	City Cost	Employee Cost	Coverage Level	Total Cost	City Cost	Employee Cost
Participant Only	\$ 7.89	\$ 7.89	\$ -	Participant Only	\$ 27.16	\$ 7.89	\$ 19.27
Participant + Child	\$ 13.39	\$ 13.39	\$ -	Participant + Child	\$ 46.14	\$ 13.39	\$ 32.75
Participant + Spouse	\$ 15.75	\$ 15.75	\$ -	Participant + Spouse	\$ 54.31	\$ 15.75	\$ 38.56
Participant + Family	\$ 22.05	\$ 22.05	\$ -	Participant + Family	\$ 76.00	\$ 22.05	\$ 53.95