

**DELTA DENTAL PLAN OF VIRGINIA  
DENTAL INSURANCE - EFFECTIVE OCTOBER 1, 2019**

**BASIC PLAN**

<u>TYPE OF COVERAGE</u>	<u>MONTHLY PREMIUM</u>	<u>COUNTY CONTRIBUTION</u>	<u>EMPLOYEE COST</u>	
			<u>MONTHLY</u>	<u>SEMI. MO.</u>
Employee	22.54	12.00	10.54	5.27
Employee/Spouse	44.26	12.00	32.26	16.13
Employee/One Child	37.42	12.00	25.42	12.71
Family	74.08	12.00	62.08	31.04

**COMPREHENSIVE PLAN**

<u>TYPE OF COVERAGE</u>	<u>MONTHLY PREMIUM</u>	<u>COUNTY CONTRIBUTION</u>	<u>EMPLOYEE COST</u>	
			<u>MONTHLY</u>	<u>SEMI. MO.</u>
Employee	38.56	12.00	26.56	13.28
Employee/Spouse	76.96	12.00	64.96	32.48
Employee/One Child	65.06	12.00	53.06	26.53
Family	111.64	12.00	99.64	49.82