

Bi-Monthly Payroll Deductions for DEPENDENTS

Age	Core VisitsPlus Gold LX	Access PPO VisitsPlus Platinum HD LX
0	\$71.62	\$89.98
1	\$71.62	\$89.98
2	\$71.62	\$89.98
3	\$71.62	\$89.98
4	\$71.62	\$89.98
5	\$71.62	\$89.98
6	\$71.62	\$89.98
7	\$71.62	\$89.98
8	\$71.62	\$89.98
9	\$71.62	\$89.98
10	\$71.62	\$89.98
11	\$71.62	\$89.98
12	\$71.62	\$89.98
13	\$71.62	\$89.98
14	\$71.62	\$89.98
15	\$77.99	\$97.98
16	\$80.42	\$101.04
17	\$82.85	\$104.10
18	\$85.48	\$107.39
19	\$88.10	\$110.68
20	\$90.81	\$114.10
21	\$93.62	\$117.62
22	\$93.62	\$117.62
23	\$93.62	\$117.62
24	\$93.62	\$117.62
25	\$93.99	\$118.09
26	\$95.87	\$120.45
27	\$98.11	\$123.27
28	\$101.77	\$127.86
29	\$104.76	\$131.62
30	\$106.26	\$133.50
31	\$108.51	\$136.33
32	\$110.75	\$139.15
33	\$112.16	\$140.91
34	\$113.65	\$142.79
35	\$114.40	\$143.74
36	\$115.15	\$144.68
37	\$115.90	\$145.62

38	\$116.65	\$146.56
Age	PPO Silver Non-Smoker Deduction	HMO Gold Non-Smoker Deduction
39	\$118.15	\$148.44
40	\$119.65	\$150.32
41	\$121.89	\$153.15
42	\$124.05	\$155.85
43	\$127.04	\$159.61
44	\$130.79	\$164.32
45	\$135.19	\$169.85
46	\$140.43	\$176.43
47	\$146.33	\$183.85
48	\$153.07	\$192.31
49	\$159.72	\$200.67
50	\$167.20	\$210.07
51	\$174.60	\$219.37
52	\$182.75	\$229.60
53	\$190.98	\$239.95
54	\$199.88	\$251.13
55	\$208.77	\$262.30
56	\$218.41	\$274.41
57	\$228.15	\$286.65
58	\$238.54	\$299.70
59	\$243.69	\$306.17
60	\$254.08	\$319.23
61	\$263.07	\$330.52
62	\$268.97	\$337.93
63	\$276.36	\$347.22
64+	\$280.86	\$352.87

Delta Dental

Employee	\$4.06	40.58	
Couple	\$14.20	81.15	40.57
Employee + Child(ren)	\$19.32	101.61	61.03
Family	\$35.59	166.69	126.11