



**DAYTONA  
STATE COLLEGE**

## 2022 DELTA DENTAL

For Plan Year Effective:

January 1, 2022 through December 31, 2023

Deductions begin December 15, 2021

	Delta Dental PPO - Option 1		Delta Dental PPO - Option 2		Delta Care DMO - Option 3	
	Per Month	Per pay	Per Month	Per pay	Per Month	Per pay
<b>24 Pay per Year</b>						
Employee	\$23.89	\$11.95	\$28.57	\$14.29	\$12.68	\$6.34
Employee & Spouse	\$50.18	\$25.09	\$60.02	\$30.01	\$22.20	\$11.10
Employee & Child(ren)	\$50.67	\$25.34	\$60.60	\$30.30	\$26.65	\$13.33
Employee & Family	\$84.01	\$42.01	\$100.47	\$50.24	\$37.42	\$18.71

	Delta Dental PPO - Option 1		Delta Dental PPO - Option 2		Delta Care - DMO Option 3	
	Per Month	Per pay	Per Month	Per pay	Per Month	Per pay
<b>18 Pay per Year</b>						
Employee	\$31.85	\$15.93	\$38.09	\$19.06	\$16.91	\$8.46
Employee & Spouse	\$66.91	\$33.46	\$80.03	\$40.02	\$29.60	\$14.80
Employee & Child(ren)	\$67.56	\$33.78	\$80.80	\$40.40	\$35.53	\$17.77
Employee & Family	\$112.01	\$56.01	\$133.96	\$66.98	\$49.89	\$24.95

The per pay totals were formula generated and may reflect slight round differences