



**DAYTONA
STATE COLLEGE**

2024 DELTA DENTAL

For Plan Year Effective:

January 1, 2024 through December 31, 2024

Deductions begin December 15, 2023

	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
<u>24 Pay per Year</u>						
Employee	\$25.84	\$12.92	\$30.90	\$15.45	\$12.68	\$6.34
Employee & Spouse	\$54.28	\$27.14	\$64.92	\$32.46	\$22.20	\$11.10
Employee & Child(ren)	\$54.82	\$27.41	\$65.54	\$32.77	\$26.66	\$13.33
Employee & Family	\$90.86	\$45.43	\$108.68	\$54.34	\$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
<u>18 Pay per Year</u>						
Employee	\$34.46	\$17.23	\$41.20	\$20.60	\$16.92	\$8.46
Employee & Spouse	\$72.38	\$36.19	\$86.56	\$43.28	\$29.60	\$14.80
Employee & Child(ren)	\$73.10	\$36.55	\$87.40	\$43.70	\$35.56	\$17.78
Employee & Family	\$121.16	\$60.58	\$144.92	\$72.46	\$49.90	\$24.95

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