

# DENTAL INSURANCE PREMIUM / DEDUCTION BREAKDOWN

**GROUP:** Educational Assistants and Food Service



**EFFECTIVE:** Grandfathered Rates effective for July 1, 2023 - June 30, 2024

## Ortho - High Plan

SEMI MONTHLY DEDUCTION AMOUNTS					
Hrs/Day	19 PAYS				
	SINGLE		FAMILY		
	FTE	EE	ER	EE	ER
8.00	1.00	\$8.80	\$24.14	\$28.39	\$62.20
7.00	1.00	\$8.80	\$24.14	\$28.39	\$62.20
6.75	0.96	\$9.76	\$23.18	\$30.88	\$59.71
6.50	0.93	\$10.49	\$22.45	\$32.74	\$57.85
6.25	0.89	\$11.45	\$21.49	\$35.23	\$55.36
6.00	0.86	\$12.18	\$20.76	\$37.10	\$53.49

EE: Employee portion

ER: Employer/District portion