

# 2017 MONTHLY DENTAL RATES

## SPOC-Covered

Full - Time 30 or More Hours Per Week

Plan	Code	Total	Employee	
			State Share	Share
<b>Delta Dental</b>				
Single	<b>DS400</b>	\$31.91	\$31.91	\$0.00
Family	<b>DS600</b>	\$80.24	\$62.60	\$17.64
DS Contract Holder	<b>DS800</b>	\$40.12	\$31.92	\$8.20
DS Contributing Spouse	<b>DS810</b>	\$40.12	\$31.92	\$8.20
FT/PT DS Contract Holder	<b>DS300</b>	\$40.12	\$31.92	\$8.20
FT/PT DS Contributing Spouse	<b>DS310</b>	\$40.12	\$31.92	\$8.20