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| Dental Premium | Total | Employee | Total | Employee | Total | Employee |
|  | Delta PPO | Share | Delta Premier | Share | Willamette | Share |
| EE Only | $57.57 | $5.18 | $62.31 | $5.61 | $55.16 | $4.96 |
| EE+ Child(ren) | $97.87 | $8.81 | $105.90 | $9.53 | $93.84 | $8.45 |
| EE + Spouse | $115.12 | $10.36 | $124.59 | $11.21 | $110.33 | $9.93 |
| Family | $155.43 | $13.99 | $168.21 | $15.14 | $149.00 | $13.41 |

