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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  |

