

# TRI-COUNTY SCHOOLS INSURANCE GROUP

Delta Dental PREMIER Plan Rates (Monthly)

Effective: July 1, 2009

<b>PREMIER PLAN:</b>				
	<b>D-1</b> No Orthodontic Coverage	<b>D-2</b> Child Only Ortho Coverage	<b>D-3</b> Adult & Child Ortho Coverage	<b>D-4</b> Child Only Ortho & 70% Prosth
<b>COMPOSITE:</b>	\$83	\$86	\$87	\$92
<b>TIERED:</b>				
<b>Employee Only</b>	\$42	\$42	\$44	\$49
<b>Employee + One Dependent</b>	\$78	\$81	\$82	\$87
<b>Employee + Family</b>	\$113	\$116	\$118	\$124

<b>ADD-ON COSTS: (by employee group only)</b>						
	<b>A</b> D1, D2, D3 \$1,500 Annual Max	<b>B</b> D1, D2, D3 \$2,000 Annual Max	<b>A</b> D4 \$1,500 Annual Max	<b>B</b> D4 \$2,000 Annual Max	<b>Child Only</b> Ortho To \$1,000 D2, D4	<b>Adult &amp; Child</b> Ortho To \$1,000 D3
<b>COMPOSITE:</b>	\$10.00	\$15.50	\$11.00	\$17.00	\$2	\$3
<b>TIERED:</b>						
<b>Employee Only</b>	\$5.00	\$8.00	\$6.00	\$9.00	\$2	\$3
<b>Employee + One Dependent</b>	\$9.50	\$14.50	\$10.50	\$16.00	\$2	\$3
<b>Employee + Family</b>	\$13.50	\$21.00	\$15.00	\$23.00	\$2	\$3