

AUGUSTA COUNTY SCHOOL BOARD
DELTA DENTAL INSURANCE RATES 2019

DELTA DENTAL LOW PLAN	
2019	
COVERAGE TIER	MONTHLY RATE
EMPLOYEE ONLY	25.82
EMPLOYEE - ONE	51.68
EMPLOYEE - FAMILY	87.32

DELTA DENTAL HIGH PLAN**	
2019	
COVERAGE TIER	MONTHLY RATE
EMPLOYEE ONLY	47.12
EMPLOYEE - ONE	94.36
EMPLOYEE - FAMILY	159.48

****12-month waiting period applies for major services coverage**