

# CUMBERLAND REGIONAL BOE - DENTAL COST SHEET

## Delta Dental Cost Sheet 2021-2022

\*\*\*Member pays the greater of 1.5% of salary or the contribution below.  
(Contribution cannot be greater than premium).

ONE PARTY COVERAGE		Delta Dental PPO PLUS PREMIER/ADV PLAN	
		Premium: \$24.11	
If Your Annualized Salary Is:	Percentile of Premium	20 Pays/Year	24 Pays/Year
less than \$20,000.00	4.50%	\$0.65	\$0.54
\$20,000.00-\$24,999.99	5.50%	\$0.80	\$0.66
\$25,000.00-\$29,999.99	7.50%	\$1.08	\$0.90
\$30,000.00-\$34,999.99	10.00%	\$1.45	\$1.21
\$35,000.00-\$39,999.99	11.00%	\$1.59	\$1.33
\$40,000.00-\$44,999.99	12.00%	\$1.74	\$1.45
\$45,000.00-\$49,999.99	14.00%	\$2.03	\$1.69
\$50,000.00-\$54,999.99	20.00%	\$2.89	\$2.41
\$55,000.00-\$59,999.99	23.00%	\$3.33	\$2.77
\$60,000.00-\$64,999.99	27.00%	\$3.91	\$3.25
\$65,000.00-\$69,999.99	29.00%	\$4.20	\$3.50
\$70,000.00-\$74,999.99	32.00%	\$4.63	\$3.86
\$75,000.00-\$79,999.99	33.00%	\$4.77	\$3.98
\$80,000.00-\$94,999.99	34.00%	\$4.92	\$4.10
\$95,000.00 and over	35.00%	\$5.06	\$4.22

TWO PARTY COVERAGE		Delta Dental PPO PLUS PREMIER/ADV PLAN	
		Premium: \$40.95	
If Your Annualized Salary Is:	Percentile of Premium	20 Pays/Year	24 Pays/Year
less than \$25,000.00	3.50%	\$0.86	\$0.72
\$25,000.00-\$29,999.99	4.50%	\$1.11	\$0.92
\$30,000.00-\$34,999.99	6.00%	\$1.47	\$1.23
\$35,000.00-\$39,999.99	7.00%	\$1.72	\$1.43
\$40,000.00-\$44,999.99	8.00%	\$1.97	\$1.64
\$45,000.00-\$49,999.99	10.00%	\$2.46	\$2.05
\$50,000.00-\$54,999.99	15.00%	\$3.69	\$3.07
\$55,000.00-\$59,999.99	17.00%	\$4.18	\$3.48
\$60,000.00-\$64,999.99	21.00%	\$5.16	\$4.30
\$65,000.00-\$69,999.99	23.00%	\$5.65	\$4.71
\$70,000.00-\$74,999.99	26.00%	\$6.39	\$5.32
\$75,000.00-\$79,999.99	27.00%	\$6.63	\$5.53
\$80,000.00-\$84,999.99	28.00%	\$6.88	\$5.73
\$85,000.00-\$99,999.99	30.00%	\$7.37	\$6.14
\$100,000.00 and over	35.00%	\$8.60	\$7.17

The above contributions are provided as a courtesy, please consult with payroll for final amount

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## Delta Dental Cost Sheet 2021-2022

THREE + PARTY		Delta Dental PPO PLUS PREMIER/ADV PLAN	
		Premium:	\$63.02
If Your Annualized Salary Is:	Percentile of Premium	20 Pays/Year	24 Pays/Year
less than \$25,000.00	3.00%	\$1.13	\$0.95
\$25,000.00-\$29,999.99	4.00%	\$1.51	\$1.26
\$30,000.00-\$34,999.99	5.00%	\$1.89	\$1.58
\$35,000.00-\$39,999.99	6.00%	\$2.27	\$1.89
\$40,000.00-\$44,999.99	7.00%	\$2.65	\$2.21
\$45,000.00-\$49,999.99	9.00%	\$3.40	\$2.84
\$50,000.00-\$54,999.99	12.00%	\$4.54	\$3.78
\$55,000.00-\$59,999.99	14.00%	\$5.29	\$4.41
\$60,000.00-\$64,999.99	17.00%	\$6.43	\$5.36
\$65,000.00-\$69,999.99	19.00%	\$7.18	\$5.99
\$70,000.00-\$74,999.99	22.00%	\$8.32	\$6.93
\$75,000.00-\$79,999.99	23.00%	\$8.70	\$7.25
\$80,000.00-\$84,999.99	24.00%	\$9.07	\$7.56
\$85,000.00-\$89,999.99	26.00%	\$9.83	\$8.19
\$90,000.00-\$94,999.99	28.00%	\$10.59	\$8.82
\$95,000.00-\$99,999.99	29.00%	\$10.97	\$9.14
\$100,000.00-\$109,999.99	32.00%	\$12.10	\$10.08
\$110,000.00 and over	35.00%	\$13.23	\$11.03

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