

# TRI-COUNTY SCHOOLS INSURANCE GROUP

Delta Dental PREMIER Plan Rates (Monthly)

Effective: July 1, 2008

<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>				
Employee Only	\$42	\$42	\$44	\$49
Employee + One Dependent	\$78	\$81	\$82	\$87
Employee + Family	\$113	\$116	\$118	\$124

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