

Delta Dental PPO Plus Premier/Advantage Program

COVERAGE	MONTHLY PREMIUM
Employee	\$31.77
Employee & Spouse	\$64.04
Employee & Child(ren)	\$65.21
Family	\$103.34

Flagship/DeltaCare NJ 9

COVERAGE	MONTHLY PREMIUM
Employee	\$16.43
Employee + 1	\$31.21
Employee + 2 or more	\$49.28

National Vision Administrators (NVA)

COVERAGE	MONTHLY PREMIUM
Employee	\$1.35
Employee & Spouse	\$1.35
Employee & Child(ren)	\$1.35
Family	\$1.35