

## Dental Plans

### 2017 DENTAL INSURANCE MONTHLY PREMIUMS RATES EFFECTIVE 1/1/2017 – 12/31/2017

#### Delta Dental PPO plus Premier

	Total	University Share	Employee Share
Employee	\$35.82	\$20.25	\$15.57
Family	\$94.76	\$43.26	\$51.50

#### DeltaCare DHMO

Pennsylvania & New Jersey

	Total	University Share	Employee Share
Employee	\$15.38	\$15.38	\$0.00
Employee/Dependent	\$29.23	\$29.23	\$0.00
Family	\$46.17	\$46.17	\$0.00

## Vision Plans

### 2017 VISION INSURANCE MONTHLY PREMIUMS RATES EFFECTIVE 1/1/2017 – 12/31/2017

#### \$75 Freestanding Vision Benefit

	Total	University Share	Employee Share
Employee	\$2.96	\$2.96	\$0.00
Family	\$7.70	\$2.96	\$4.74