## Premiums Effective January 1, 2021

Annual Salary	NM Tech %	Employee%
\$15,000-\$19,999	80	20
\$20,000-\$24,999	70	30
\$25,000 and Over	60	40

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	Delta Dental I	High Option	
	Sing	le	
	Bi-We	ekly	
20 Pay Periods	Employee	Employer	Total Premium
\$15,000-\$19,999	3.43	13.73	17.16
\$20,000-\$24,999	5.15	12.01	17.16
\$25,000 and above	6.86	10.30	17.16
26 Pay Periods	Employee	Employer	Total Premium
\$15,000-\$19,999	2.64	10.56	13.20
\$20,000-\$24,999	3.96	9.24	13.20
\$25,000 and above	5.28	7.92	13.20
	Delta Dental H	ligh Option	
	Two P	arty	
20 Pay Periods	Employee	Employer	Total Premium
\$15,000-\$19,999	6.53	26.13	32.66
\$20,000-\$24,999	9.80	22.86	32.66
\$25,000 and above	13.07	15.59	28.66
26 Pay Periods	Employee	Employer	Total Premium
\$15,000-\$19,999	5.03	20.10	25.13
\$20,000-\$24,999	7.54	17.59	25.13
\$25,000 and above	10.05	15.08	25.13
	Delta Dental I	High Option	
	Fan	nily	
20 Pay Periods	Employee	Employer	Total Premium
\$15,000-\$19,999	10.26	41.06	51.32
\$20,000-\$24,999	15.40	35.92	51.32
\$25,000 and above	20.53	30.79	51.32
26 Pay Periods	Employee	Employer	Total Premium
\$15,000-\$19,999	7.90	31.58	39.48
\$20,000-\$24,999	11.84	27.64	39.48

15.79

23.69

39.48

\$25,000 and above

## Premiums Effective January 1, 2021

Annual Salary	NM Tech %	Employee%
\$15,000-\$19,999	80	20
\$20,000-\$24,999	70	30
\$25,000 and Over	60	40

## **Delta Dental Low Option**

	Single	•	
	Bi-Weel	kly	
20 Pay Periods	Employee	Employer	Total Premium
\$15,000-\$19,999	1.72	6.87	8.59
\$20,000-\$24,999	2.58	6.01	8.59
\$25,000 and above	3.44	5.15	8.59
26 Pay Periods	Employee	Employer	Total Premium
\$15,000-\$19,999	1.32	5.29	6.61
\$20,000-\$24,999	1.98	4.63	6.61
\$25,000 and above	2.64	3.97	6.61
	Delta Dental	Low Option	
	Two Pa	rty	
20 Pay Periods	Employee	Employer	Total Premium
\$15,000-\$19,999	3.27	13.09	16.36
\$20,000-\$24,999	4.91	11.45	16.36
\$25,000 and above	6.54	9.81	16.36
26 Pay Periods	Employee	Employer	Total Premium
\$15,000-\$19,999	2.52	10.06	12.58
\$20,000-\$24,999	3.77	8.82	12.59
\$25,000 and above	5.03	7.55	12.58
	Delta Dental	•	
	Famil	У	
20 Pay Periods	Employee	Employer	Total Premium
\$15,000-\$19,999	5.13	20.54	25.67
\$20,000-\$24,999	7.70	17.97	25.67
\$25,000 and above	10.27	15.40	25.67
26 Pay Periods	Employee	Employer	<b>Total Premium</b>
\$15,000-\$19,999	3.95	15.79	19.74
\$20,000-\$24,999	5.92	13.82	19.74

7.90

11.84

19.74

\$25,000 and above