

2010

Luzerne County Courthouse

Self Pay Dental Plan

DELTA DENTAL

are as follows:

Individual - \$14.78 per pay - Family - \$40.94 per pay

New enrollments are subject to two initial double deductions. (See below)

<u>Individual</u>	<u>Family</u>
\$29.56	\$81.87
\$29.56	\$81.87
\$14.78	\$40.94

- Please note deduction will be pre-taxed unless specified otherwise.