

Dental Plan

January 1, 2025 December 31, 2025

Per Paycheck Rates

Coverage Level	Employee				Employee + 1				Family			
	Plan	Total Premium	Employee Contribution	Pace Contribution	Pace Subsidy	Total Premium	Employee Contribution	Pace Contribution	Pace Subsidy	Total Premium	Employee Contribution	Pace Contribution
DPPO	\$28.58	\$12.39	\$16.19	57%	\$61.74	\$41.15	\$20.59	33%	\$91.33	\$66.82	\$24.51	27%
DMO	\$6.18	\$2.91	\$3.27	53%	\$11.02	\$7.48	\$3.54	32%	\$19.01	\$15.00	\$4.01	21%

