

2026 Employee Dental Rate Sheet



Dental – Delta Dental			
Plan	Coverage Tier	Employee Monthly Contribution	Employee Bi-Weekly Contribution
Low Plan	Employee Only	\$11.69	\$5.40
	Employee & Spouse	\$21.50	\$9.92
	Employee & Child(ren)	\$30.57	\$14.11
	Family	\$43.65	\$20.15
High Plan	Employee Only	\$19.94	\$9.20
	Employee & Spouse	\$41.89	\$19.33
	Employee & Child(ren)	\$37.89	\$17.49
	Family	\$55.66	\$25.69