

Attachment A

**Dental Plan Premium Rates
Active Employees, COBRA and their Eligible Dependents**

Plan	Coverage Type	2026-27 Bi-Weekly Rates**	2025-26 Bi-Weekly Rates**	Dollar change	Percentage Change
Delta DPPO	Employee Only	\$23.78	\$22.52	\$1.26	5.60%
	Employee + 1	\$44.31	\$41.88	\$2.43	5.80%
	Employee + 2	\$75.77	\$71.56	\$4.21	5.88%

**Note: Includes County management fee of \$1.44 and Administrative Services Only (ASO) fee of \$1.02.