

Attachment A

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

Plan	Coverage Type	2024-25 Bi-Weekly Rates**	2023-24 Bi-Weekly Rates**	Dollar change
Delta DPPO	Employee Only	\$21.91	\$22.54	-\$0.63
	Employee + 1	\$40.70	\$41.91	-\$1.21
	Employee + 2	\$69.52	\$71.63	-\$2.11

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