

# County of San Bernardino

# Attachment B

Retiree Dental Premium Rates for Plan Years 2026- 2027

Proposed 2026-2027 Base Retiree Dental Premium Rates

Plan	Coverage Type	2025 Published Monthly Rate	2026/2027 Published Monthly Rate	Dollar Change	Percent Change
DeltaCare USA DHMO	Retiree only	\$19.54	\$20.03	\$0.49	2.60%
	Retiree +1	\$30.20	\$31.01	\$0.81	2.68%
	Retiree +2 or more	\$43.01	\$44.21	\$1.20	2.79%
Delta Dental DPPO Low Option	Retiree only	\$44.10	\$45.33	\$1.23	2.79%
	Retiree +1	\$81.07	\$83.41	\$2.34	2.89%
	Retiree +2 or more	\$139.21	\$143.29	\$4.08	2.93%
Delta Dental DPPO High Option	Retiree only	\$61.93	\$63.69	\$1.76	2.84%
	Retiree +1	\$114.98	\$118.34	\$3.36	2.92%
	Retiree +2 or more	\$198.41	\$204.27	\$5.86	2.95%

NOTE: Published rates include a \$3.12 administrative fee