

## Attachment A

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

Plan	Coverage Type	2025-26 Bi-Weekly Rates**	2024-25 Bi-Weekly Rates**	Dollar change	Percentage Change
<b>Delta DPPO</b>	Employee Only	<b>\$22.52</b>	<b>\$21.91</b>	<b>\$0.61</b>	<b>2.78%</b>
	Employee + 1	<b>\$41.88</b>	<b>\$40.70</b>	<b>\$1.18</b>	<b>2.90%</b>
	Employee + 2	<b>\$71.56</b>	<b>\$69.52</b>	<b>\$2.04</b>	<b>2.93%</b>

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

Plan	Coverage Type	2025-27 Bi-Weekly Rates*	2024-25 Bi-Weekly Rates*	Dollar change	Percentage Change
<b>DeltaCare USA DHMO</b>	Employee Only	<b>\$9.88</b>	<b>\$9.88</b>	<b>\$0.00</b>	<b>0.00%</b>
	Employee + 1	<b>\$15.94</b>	<b>\$15.94</b>	<b>\$0.00</b>	<b>0.00%</b>
	Employee + 2	<b>\$20.77</b>	<b>\$20.77</b>	<b>\$0.00</b>	<b>0.00%</b>

\*Note: Includes County management fee of \$1.44.

Plan	Coverage Type	2025-27 Rates
<b>Delta DPPO</b>	ASO Fee	<b>Rate Pass – Maintain 2024-25 Rates \$1.02</b>