

Attachment B

Dental Plan Premium Rates Active Employees and their Eligible Dependents 2020-21 Plan Year

Plan	Coverage Type	2020-21 Bi-Weekly Rates	2019-20 Bi-Weekly Rates	Dollar change	Percentage Change
DeltaCare USA DHMO*	Employee Only	\$9.88	\$9.88	\$0.00	0.00%
	Employee + 1	\$15.94	\$15.94	\$0.00	0.00%
	Employee + 2	\$20.77	\$20.77	\$0.00	0.00%

*Note: Includes County management fee of \$1.44

Plan	Coverage Type	2020-21 Bi-Weekly Rates	2019-20 Bi-Weekly Rates	Dollar change	Percentage Change
Delta DPPO**	Employee Only	\$25.09	\$25.39	-\$0.30	-1.18%
	Employee + 1	\$46.80	\$47.37	-\$0.57	-1.20%
	Employee + 2	\$80.11	\$81.10	-\$0.99	-1.22%

**Note: Includes County management fee of \$1.44 and ASO fee of \$1.02