

## Attachment B

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

| Plan                          | Coverage Type | 2022-23 to<br>2024-25<br>Bi-Weekly<br>Rates* | 2022-23<br>Bi-Weekly<br>Rates* | Dollar<br>change |
|-------------------------------|---------------|--|--------------------------------|------------------|
| <b>DeltaCare USA<br/>DHMO</b> | Employee Only | <b>\$9.88</b>                                | <b>\$9.88</b>                  | <b>\$0.00</b>    |
|                               | Employee + 1  | <b>\$15.94</b>                               | <b>\$15.94</b>                 | <b>\$0.00</b>    |
|                               | Employee + 2  | <b>\$20.77</b>                               | <b>\$20.77</b>                 | <b>\$0.00</b>    |

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

| Plan              | Coverage Type | 2023-24<br>Bi-Weekly<br>Rates** | 2022-23<br>Bi-Weekly<br>Rates** | Dollar<br>change |
|-------------------|---------------|---------------------------------|---------------------------------|------------------|
| <b>Delta DPPO</b> | Employee Only | <b>\$22.54</b>                  | <b>\$23.19</b>                  | <b>-\$0.65</b>   |
|                   | Employee + 1  | <b>\$41.91</b>                  | <b>\$43.16</b>                  | <b>-\$1.25</b>   |
|                   | Employee + 2  | <b>\$71.63</b>                  | <b>\$73.80</b>                  | <b>-\$2.17</b>   |

\*\*Note: Includes County management fee of \$1.44 and Administrative Services Only (ASO) fee of \$1.02 (ASO amount guaranteed through plan year 2024-25).

| Plan                      | Coverage Type | 2025-26 to<br>2026-27 Rates        |
|---------------------------|---------------|------------------------------------|
| <b>DeltaCare USA DHMO</b> | Premium Rate  | <b>Not to exceed 3.0% Increase</b> |
| <b>Delta DPPO</b>         | ASO Fee       | <b>Not to exceed 3.0% Increase</b> |