

Henrico County

2017 DELTA DENTAL RATES

Delta Care - DHMO

T I E R S	BI-WEEKLY	MONTHLY	ANNUALLY
EMPLOYEE ONLY	\$ 9.08	\$ 18.16	\$ 217.92
EMPLOYEE / CHILD	\$ 15.12	\$ 30.24	\$ 362.88
EMPLOYEE / SPOUSE	\$ 15.12	\$ 30.24	\$ 362.88
EMPLOYEE / FAMILY	\$ 20.41	\$ 40.82	\$ 489.84

Delta Dental - Low Option PPO

T I E R S	BI-WEEKLY	MONTHLY	ANNUALLY
EMPLOYEE ONLY	\$ 10.95	\$ 21.90	\$ 262.80
EMPLOYEE / CHILD	\$ 19.80	\$ 39.60	\$ 475.20
EMPLOYEE / SPOUSE	\$ 19.80	\$ 39.60	\$ 475.20
EMPLOYEE / FAMILY	\$ 31.07	\$ 62.14	\$ 745.68

Delta Dental - High Option PPO

T I E R S	BI-WEEKLY	MONTHLY	ANNUALLY
EMPLOYEE ONLY	\$ 16.34	\$ 32.68	\$ 392.16
EMPLOYEE / CHILD	\$ 29.56	\$ 59.12	\$ 709.44
EMPLOYEE / SPOUSE	\$ 29.56	\$ 59.12	\$ 709.44
EMPLOYEE / FAMILY	\$ 46.41	\$ 92.82	\$ 1,113.84

Delta Care questions; call 1-800-862-0838

Delta Dental Low and High Option questions; call 1-800-237-6060