

Henrico County

2019 DELTA DENTAL RATES

Delta Care - DHMO

T I E R S	BI-WEEKLY	MONTHLY	ANNUALLY
EMPLOYEE ONLY	\$ 9.51	\$ 19.02	\$ 228.24
EMPLOYEE / CHILD	\$ 15.83	\$ 31.66	\$ 379.92
EMPLOYEE / SPOUSE	\$ 15.83	\$ 31.66	\$ 379.92
EMPLOYEE / FAMILY	\$ 21.37	\$ 42.74	\$ 512.88

Delta Dental - Low Option PPO

T I E R S	BI-WEEKLY	MONTHLY	ANNUALLY
EMPLOYEE ONLY	\$ 11.47	\$ 22.94	\$ 275.28
EMPLOYEE / CHILD	\$ 20.73	\$ 41.46	\$ 497.52
EMPLOYEE / SPOUSE	\$ 20.73	\$ 41.46	\$ 497.52
EMPLOYEE / FAMILY	\$ 32.53	\$ 65.06	\$ 780.72

Delta Dental - High Option PPO

T I E R S	BI-WEEKLY	MONTHLY	ANNUALLY
EMPLOYEE ONLY	\$ 17.11	\$ 34.22	\$ 410.64
EMPLOYEE / CHILD	\$ 30.95	\$ 61.90	\$ 742.80
EMPLOYEE / SPOUSE	\$ 30.95	\$ 61.90	\$ 742.80
EMPLOYEE / FAMILY	\$ 48.59	\$ 97.18	\$ 1,166.16