

Henrico County

2023 DELTA DENTAL RATES

Delta Dental PPO - EPO Plan Design

T I E R S	BI-WEEKLY	MONTHLY	ANNUALLY
EMPLOYEE ONLY	\$ 10.96	\$ 21.92	\$ 263.04
EMPLOYEE / CHILD	\$ 18.25	\$ 36.50	\$ 438.00
EMPLOYEE / SPOUSE	\$ 18.25	\$ 36.50	\$ 438.00
EMPLOYEE / FAMILY	\$ 24.62	\$ 49.24	\$ 590.88

Delta Dental PPO Plus Premier - Low Option

T I E R S	BI-WEEKLY	MONTHLY	ANNUALLY
EMPLOYEE ONLY	\$ 12.43	\$ 24.86	\$ 298.32
EMPLOYEE / CHILD	\$ 22.47	\$ 44.94	\$ 539.28
EMPLOYEE / SPOUSE	\$ 22.47	\$ 44.94	\$ 539.28
EMPLOYEE / FAMILY	\$ 35.25	\$ 70.50	\$ 846.00

Delta Dental PPO Plus Premier - High Option

T I E R S	BI-WEEKLY	MONTHLY	ANNUALLY
EMPLOYEE ONLY	\$ 18.54	\$ 37.08	\$ 444.96
EMPLOYEE / CHILD	\$ 33.54	\$ 67.08	\$ 804.96
EMPLOYEE / SPOUSE	\$ 33.54	\$ 67.08	\$ 804.96
EMPLOYEE / FAMILY	\$ 52.66	\$ 105.32	\$ 1,263.84