

# Henrico County

## 2024 DELTA DENTAL RATES

### Delta Dental PPO - EPO Plan Design

T I E R S	BI-WEEKLY	MONTHLY	ANNUALLY
EMPLOYEE ONLY	\$ 11.29	\$ 22.58	\$ 270.96
EMPLOYEE / CHILD	\$ 18.79	\$ 37.58	\$ 450.96
EMPLOYEE / SPOUSE	\$ 18.79	\$ 37.58	\$ 450.96
EMPLOYEE / FAMILY	\$ 25.36	\$ 50.71	\$ 608.52

### Delta Dental PPO Plus Premier - Low Option

T I E R S	BI-WEEKLY	MONTHLY	ANNUALLY
EMPLOYEE ONLY	\$ 12.81	\$ 25.61	\$ 307.32
EMPLOYEE / CHILD	\$ 23.14	\$ 46.28	\$ 555.36
EMPLOYEE / SPOUSE	\$ 23.14	\$ 46.28	\$ 555.36
EMPLOYEE / FAMILY	\$ 36.30	\$ 72.60	\$ 871.20

### Delta Dental PPO Plus Premier - High Option

T I E R S	BI-WEEKLY	MONTHLY	ANNUALLY
EMPLOYEE ONLY	\$ 19.10	\$ 38.19	\$ 458.28
EMPLOYEE / CHILD	\$ 34.54	\$ 69.08	\$ 828.96
EMPLOYEE / SPOUSE	\$ 34.54	\$ 69.08	\$ 828.96
EMPLOYEE / FAMILY	\$ 54.24	\$ 108.47	\$ 1,301.64