

Dental Plan

January 1, 2024 – December 31, 2024

Per Paycheck Rates

| Coverage Level | Employee | | | Employee + 1 | | | Family | | |
|----------------|-----------------------|-------------------|--------------|-----------------------|-----------------------|--------------|-----------------------|-----------------------|--------------|
| Plan | Employee Contribution | Pace Contribution | Pace Subsidy | Employee Contribution | Employer Contribution | Pace Subsidy | Employee Contribution | Employer Contribution | Pace Subsidy |
| DPPO | \$12.39 | \$20.74 | 63% | \$41.15 | \$30.43 | 43% | \$66.82 | \$39.08 | 37% |
| DMO | \$2.91 | \$3.09 | 52% | \$7.48 | \$3.22 | 30% | \$15.00 | \$3.45 | 19% |