

# Dental Plan

## January 1, 2025 – December 31, 2025

### Per Paycheck Rates

Coverage Level	Employee				Employee + 1				Family			
	Plan	Total Premium	Employee Contribution	Pace Contribution	Pace Subsidy	Total Premium	Employee Contribution	Pace Contribution	Pace Subsidy	Total Premium	Employee Contribution	Pace Contribution
DPPO	\$28.58	<b>\$12.39</b>	\$16.19	57%	\$61.74	<b>\$41.15</b>	\$20.59	33%	\$91.33	<b>\$66.82</b>	\$24.51	27%
DMO	\$6.18	<b>\$2.91</b>	\$3.27	53%	\$11.02	<b>\$7.48</b>	\$3.54	32%	\$19.01	<b>\$15.00</b>	\$4.01	21%