

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%