

Henrico County 2026 Delta Dental Rates

Delta Dental PPO plus Premier – High Plan Option

Coverage Tier	Monthly	Annual
Retiree Only	\$41.58	\$498.96
Retiree + Child	\$75.22	\$902.64
Retiree + Spouse	\$75.22	\$902.64
Retiree + Family	\$118.10	\$1,417.20

Delta Dental PPO plus Premier – Low Option Plan

Coverage Tier	Monthly	Annual
Retiree Only	\$27.88	\$334.56
Retiree + Child	\$50.40	\$604.80
Retiree + Spouse	\$50.40	\$604.80
Retiree + Family	\$79.04	\$948.48

Delta Dental PPO – EPO Plan Design

Coverage Tier	Monthly	Annual
Retiree Only	\$24.58	\$294.96
Retiree + Child	\$40.92	\$491.04
Retiree + Spouse	\$40.92	\$491.04
Retiree + Family	\$55.22	\$662.64