

Henrico County 2027 Delta Dental Rates

The tables below show the dental rates for employees. The rates are the same for full-time and part-time employees, and there is no employer contribution.

Delta Dental PPO plus Premier – High Option Plan

Coverage Tier	Biweekly* Cost	Monthly Cost	Annual Cost
Employee Only	\$22.06	\$44.12	\$529.44
Employee + Child	\$39.90	\$79.80	\$957.60
Employee + Spouse	\$39.90	\$79.80	\$957.60
Employee + Family	\$62.65	\$125.30	\$1,503.60

Delta Dental PPO plus Premier – Low Option Plan

Coverage Tier	Biweekly* Cost	Monthly Cost	Annual Cost
Employee Only	\$14.79	\$29.58	\$354.96
Employee + Child	\$26.73	\$53.46	\$641.52
Employee + Spouse	\$26.73	\$53.46	\$641.52
Employee + Family	\$41.93	\$83.86	\$1,006.32

Delta Dental PPO – EPO Plan

Coverage Tier	Biweekly* Cost	Monthly Cost	Annual Cost
Employee Only	\$13.04	\$26.08	\$312.96
Employee + Child	\$21.71	\$43.41	\$520.92
Employee + Spouse	\$21.71	\$43.41	\$520.92
Employee + Family	\$29.29	\$58.58	\$702.96

**Bi-weekly costs are deducted from 24 of the 26 pay periods.*