

# Henrico County

## 2025 DELTA DENTAL RATES

### Delta Dental PPO - EPO Plan Design

T I E R S	BI-WEEKLY	MONTHLY	ANNUALLY
EMPLOYEE ONLY	\$ 11.65	\$ 23.30	\$ 279.60
EMPLOYEE / CHILD	\$ 19.39	\$ 38.78	\$ 465.36
EMPLOYEE / SPOUSE	\$ 19.39	\$ 38.78	\$ 465.36
EMPLOYEE / FAMILY	\$ 26.17	\$ 52.33	\$ 627.96

### Delta Dental PPO Plus Premier - Low Option

T I E R S	BI-WEEKLY	MONTHLY	ANNUALLY
EMPLOYEE ONLY	\$ 13.22	\$ 26.43	\$ 317.16
EMPLOYEE / CHILD	\$ 23.88	\$ 47.76	\$ 573.12
EMPLOYEE / SPOUSE	\$ 23.88	\$ 47.76	\$ 573.12
EMPLOYEE / FAMILY	\$ 37.46	\$ 74.92	\$ 899.04

### Delta Dental PPO Plus Premier - High Option

T I E R S	BI-WEEKLY	MONTHLY	ANNUALLY
EMPLOYEE ONLY	\$ 19.71	\$ 39.41	\$ 472.92
EMPLOYEE / CHILD	\$ 35.65	\$ 71.29	\$ 855.48
EMPLOYEE / SPOUSE	\$ 35.65	\$ 71.29	\$ 855.48
EMPLOYEE / FAMILY	\$ 55.97	\$ 111.94	\$ 1,343.28