Henrico County 2027 Delta Dental Rates

Delta Dental PPO plus Premier – High Plan Option

Coverage Tier	Monthly	Annual
Retiree Only	$44.12	$529.44
Retiree + Child	$79.80	$957.60
Retiree + Spouse	$79.80	$957.60
Retiree + Family	$125.30	$1,503.60

Delta Dental PPO plus Premier – Low Option Plan

Coverage Tier	Monthly	Annual
Retiree Only	$29.58	$354.96
Retiree + Child	$53.46	$641.52
Retiree + Spouse	$53.46	$641.52
Retiree + Family	$83.86	$1,006.32

Delta Dental PPO – EPO Plan Design

Coverage Tier	Monthly	Annual
Retiree Only	$26.08	$312.96
Retiree + Child	$43.41	$520.92
Retiree + Spouse	$43.41	$520.92
Retiree + Family	$58.58	$702.96