

## **2025 Dental Premiums**

Dental Plans
Preventive
Single
Single +1
Family

Total Premium Cost	County Monthly Contribution	Employee Monthly Cost	Employee Per Pay Period Cost	Add'l Employee Cost Per Pay Period
\$20.91	\$25.00	\$-4.09	\$-2.04	0.00
\$40.93	\$25.00	\$15.93	\$7.97	\$1.50
\$67.86	\$25.00	\$42.86	\$21.43	\$2.48

Comprehensive			
Single			
Single +1			
Family			

\$55.03	\$25.00	\$30.03	\$15.02	\$2.02
\$107.30	\$25.00	\$82.30	\$41.15	\$3.93
\$172.67	\$25.00	\$147.67	\$73.84	\$6.32