



2026 Dental Premiums

Dental Plans	Total Premium Cost	County Monthly Contribution	Employee Monthly Cost	Employee Per Pay Period Cost	Add'l Employee Cost Per Pay Period
Preventive					
Single	\$25.00	\$25.00	\$0.00	\$0.00	\$0.00
Single +1	\$48.94	\$25.00	\$23.94	\$11.97	\$4.00
Family	\$81.15	\$25.00	\$56.15	\$28.08	\$6.65
Comprehensive					
Single	\$59.44	\$25.00	\$34.44	\$17.22	\$2.20
Single +1	\$115.91	\$25.00	\$90.91	\$45.56	\$4.41
Family	\$186.52	\$25.00	\$161.52	\$80.76	\$6.92