

2% COBRA Rate NOT included in these rates.		
2027 DENTAL PLAN RATES		
DENTAL PLAN	SINGLE PREMIUM	FAMILY PREMIUM
Delta Dental PPO	\$ 28.96	\$ 100.08
Delta Dental EPO	\$ 51.64	\$ 168.74
Care Plus	\$ 53.55	\$ 157.78
Fire		
Delta Dental PPO	\$ 34.76	\$ 99.54
Police		
Delta Dental PPO	\$ 34.86	\$ 106.04

2% COBRA Rate included in these rates.		
2027 DENTAL PLAN RATES		
DENTAL PLAN	SINGLE PREMIUM	FAMILY PREMIUM
Delta Dental PPO	\$ 29.54	\$ 102.08
Delta Dental EPO	\$ 52.67	\$ 172.11
Care Plus	\$ 54.62	\$ 160.94
Fire		
Delta Dental PPO	\$ 35.46	\$ 101.53
Police		
Delta Dental PPO	\$ 35.56	\$ 108.16