Dental Plan
January 1, 2026 – December 31, 2026
Per Paycheck Rates

Coverage Level	Employee				Employee + 1				Family			
Plan	Total Premium	**Employee Contribution**	Pace Contribution	Pace Subsidy	Total Premium	**Employee Contribution**	Pace Contribution	Pace Subsidy	Total Premium	**Employee Contribution**	Pace Contribution	Pace Subsidy
DPPO	$29.40	**$12.39**	$17.01	58%	$63.51	**$41.15**	$22.36	35%	$93.95	**$66.82**	$27.13	29%
DMO	$6.18	**$2.91**	$3.27	53%	$11.02	**$7.48**	$3.54	32%	$19.01	**$15.00**	$4.01	21%

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