Dental Plan
January 1, 2027 – December 31, 2027
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	$29.46	**$12.39**	$17.07	58%	$63.65	**$41.15**	$22.50	35%	$94.16	**$66.82**	$27.34	29%
DMO	$6.43	**$2.91**	$3.52	55%	$11.46	**$7.48**	$3.98	35%	$19.77	**$15.00**	$4.77	24%

PACE UNIVERSITY