

# Dental Plan

January 1, 2021 – December 31, 2021

Per Paycheck Rates

Coverage Level	Employee			Employee + 1			Family		
Plan	Employee Contribution	Pace Contribution	Pace Subsidy	Employee Contribution	Employer Contribution	Pace Subsidy	Employee Contribution	Employer Contribution	Pace Subsidy
DHMO	\$4.66	\$4.66	50%	\$11.96	\$4.66	28%	\$23.99	\$4.66	16%
PPO	\$12.40	\$12.40	50%	\$40.78	\$12.40	23%	\$66.86	\$12.40	16%