

Dental Plan

January 1, 2019 – December 31, 2019

Per Paycheck Rates

Coverage Level	Employee			Employee + 1			Family		
	Employee Contribution	Pace Contribution	Pace Subsidy	Employee Contribution	Employer Contribution	Pace Subsidy	Employee Contribution	Employer Contribution	Pace Subsidy
DHMO	\$5.46	\$5.46	50%	\$14.00	\$5.46	28%	\$28.08	\$5.46	16%
PPO	\$13.95	\$13.95	50%	\$45.90	\$13.95	23%	\$75.23	\$13.95	16%