



2024 EMPLOYEE DENTAL PLAN RATE TABLE

DENTAL PLAN AND EMPLOYEE STATUS	FULL-TIME EMPLOYEES	PART-TIME EMPLOYEES
	BIWEEKLY DEDUCTION	BIWEEKLY DEDUCTION
COUNTY OF ORANGE DENTAL PLAN		
EMPLOYEE ONLY	\$0.00	\$3.25
EMPLOYEE / 1 DEPENDENT	\$0.00	\$6.78
EMPLOYEE W/TWO OR MORE DEPENDENTS	\$0.00	\$10.38
(Effective every pay period beginning with pay period 01 2024, 12/15/2023)		