



2024 Employee Dental Plan Monthly Direct Bill Rate Table

County of Orange Dental Plan	F		O
DENTAL PLAN AND ENROLLMENT STATUS	Unpaid Family Medical Leave		Unpaid Leave (Not FMLA)
	Full Time Employee	Part Time Employee	
Employee Only	\$0.00	\$7.05	\$14.10
Employee With 1 Dependent	\$0.00	\$14.70	\$29.40
Employee With 2 or More Dependents	\$0.00	\$22.50	\$45.00