

2025 EMPLOYEE DENTAL PLAN RATE TABLE

DENTAL PLAN AND ENROLLMENT STATUS	FULL-TIME EMPLOYEES	PART-TIME EMPLOYEES
	BIWEEKLY DEDUCTIONS	BIWEEKLY DEDUCTIONS
County of Orange Dental Plan		
EMPLOYEE ONLY	\$0.00	\$5.97
EMPLOYEE / 1 DEPENDENT	\$0.00	\$12.44
EMPLOYEE W/TWO OR MORE DEPENDENTS	\$0.00	\$19.04
, (F	ffective every pay period beginning wi	th now paried 04 2025, 42/42/2024)