



## 2025 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	\$12.93	\$25.85
Employee With 1 Dependent	\$0.00	\$26.95	\$53.90
Employee With 2 or More Dependents	\$0.00	\$41.25	\$82.50