

2026 Dental Plan Semi-Monthly Rates

For all employees (except employees represented by the POA and IAFF, Local 230)

Effective from 1/1/2026 (PP 1) through 12/31/2026 (PP 26)

Dental plan premiums are deducted the first 2 paydays of each month and are pre-tax. Premiums are provided for 4 tier levels: Employee (EE) Only, EE plus Spouse (SP) or Domestic Partner (DP), EE plus Child(ren), and EE plus SP/DP and Child(ren).

Delta Dental Plans

	Delta Dental PPO				DeltaCare HMO			
	EE only	EE + Spouse/DP	EE + Child(ren)	EE + SP/DP + Child(ren)	EE only	EE + Spouse/DP	EE + Child(ren)	EE + SP/DP + Child(ren)
100% Benefits: Full-time employees including RWW employees that work 35-39 hours								
Employee Contribution	\$1.27	\$2.80	\$3.05	\$3.94	\$0.00	\$0.00	\$0.00	\$0.00
City Contribution	\$24.17	\$53.16	\$58.01	\$74.92	\$12.22	\$24.43	\$21.37	\$36.65
Total	\$25.44	\$55.96	\$61.06	\$78.86	\$12.22	\$24.43	\$21.37	\$36.65
75% Benefits: Full-time employees including RWW employees that work 30-34 hours								
Employee Contribution	\$7.31	\$16.09	\$17.55	\$22.67	\$3.05	\$6.11	\$5.34	\$9.16
City Contribution	\$18.13	\$39.87	\$43.51	\$56.19	\$9.17	\$18.32	\$16.03	\$27.49
Total	\$25.44	\$55.96	\$61.06	\$78.86	\$12.22	\$24.43	\$21.37	\$36.65
62.5% Benefits: Full-time employees including RWW employees that work 25-29 hours								
Employee Contribution	\$10.33	\$22.74	\$24.80	\$32.03	\$4.58	\$9.16	\$8.01	\$13.74
City Contribution	\$15.11	\$33.22	\$36.26	\$46.83	\$7.64	\$15.27	\$13.36	\$22.91
Total	\$25.44	\$55.96	\$61.06	\$78.86	\$12.22	\$24.43	\$21.37	\$36.65
50% Benefits: Full-time employees including RWW employees that work 20-24 hours								
Employee Contribution	\$13.35	\$29.38	\$32.05	\$41.40	\$6.11	\$12.21	\$10.68	\$18.32
City Contribution	\$12.09	\$26.58	\$29.01	\$37.46	\$6.11	\$12.22	\$10.69	\$18.33
Total	\$25.44	\$55.96	\$61.06	\$78.86	\$12.22	\$24.43	\$21.37	\$36.65

DENTAL IN-LIEU PLAN PAYMENTS

Payment in-lieu of coverage is available for qualified enrollees (full-time and RWW who work 35+ hours)
 Payments are made every payday and are subject to tax withholding

If eligible for EE only coverage:	\$6.65
If eligible for EE+SP/DP coverage:	\$13.30
If eligible for EE+Child(ren) coverage:	\$11.64
If eligible for EE+SP/DP+Child(ren) coverage:	\$19.95