



2026 EMPLOYEE DENTAL PLAN RATE TABLE

DENTAL PLAN AND ENROLLMENT STATUS	FULL-TIME EMPLOYEES	PART-TIME EMPLOYEES
	BIWEEKLY DEDUCTION	BIWEEKLY DEDUCTION
County of Orange Dental Plan		
EMPLOYEE ONLY	\$0.00	\$11.93
EMPLOYEE / 1 DEPENDENT	\$0.00	\$24.88
EMPLOYEE W/TWO OR MORE DEPENDENTS	\$0.00	\$38.08
(Effective every pay period beginning with pay period 01 2026)		