



2026 Employee Dental Plan Monthly Direct Bill Rate Table

Management and Attorney 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	\$25.85	\$51.70
Employee With 1 Dependent	\$0.00	\$53.90	\$107.80
Employee With 2 or More Dependents	\$0.00	\$82.50	\$165.00