Sutter County Dental Insurance Rates 2025							
							(24 pp)
Plan Name	Deductible	Maximum Calendar Year Benefit	Orthodontic Services	Total Monthly Premium	County Monthly Contribution	Employee Monthly Contribution	Employee Bi-weekly Contribution
	EE / Family	EE / Family					
DeltaCare (HMO)							
			Call DeltaCare				
Single	N/A	No Limit	for more info	\$17.90	\$17.90	\$0.00	\$0.00
Employee + 1				\$31.80	\$31.80	\$0.00	\$0.00
Family				\$46.80	\$46.80	\$0.00	\$0.00
Delta PPO + Premier 1000							
Single	\$50 / \$100	\$1,000 / Person	\$1,000 Lifetime	\$42.70	\$25.78	\$16.92	\$8.46
Employee + 1			,	\$72.40	\$48.45	\$23.95	\$11.98
Family				\$110.50	\$74.75	\$35.75	\$17.88
Delta PPO + Premier 2000							
Single	\$50 / \$100	\$2000 / Person	\$2,000 Lifetime	\$56.50	\$32.98	\$23.52	\$11.76
Employee + 1				\$96.00	\$60.65	\$35.35	\$17.68
Family				\$146.70	\$93.35	\$53.35	\$26.68