2027 Dental Premium Contribution Rates (Biweekly)

	DELTA DENTAL PPO PLUS PREMIER		DELTACARE USA DHMO		UNITEDHEALTHCARE DENTAL DHMO	
CITY AND COUNTY OF SAN FRANCISCO EMPLOYEES, MEA						
	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays
Employee Only	$2.31	$27.74	$0.00	$12.22	$0.00	$11.53
Employee +1	$4.62	$58.49	$0.00	$20.16	$0.00	$19.05
Employee +2 or More	$6.92	$83.23	$0.00	$29.82	$0.00	$28.16
COMMISSIONERS PRE 2002 APPOINTMENT, SUPERIOR COURT OF SAN FRANCISCO, SUPERIOR COURT MEA, SFCTA, STAFF NURSES						
	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays
Employee Only	$0.00	$30.05	$0.00	$12.22	$0.00	$11.53
Employee +1	$0.00	$63.11	$0.00	$20.16	$0.00	$19.05
Employee +2 or More	$0.00	$90.15	$0.00	$29.82	$0.00	$28.16
COMMISSIONERS POST 2002 APPOINTMENT, SEIU LOCAL 1021 PER DIEM NURSES						
	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays
Employee Only	$30.05	$0.00	$12.22	$0.00	$11.53	$0.00
Employee +1	$63.11	$0.00	$20.16	$0.00	$19.05	$0.00
Employee +2 or More	$90.15	$0.00	$29.82	$0.00	$28.16	$0.00