

**City of Suffolk  
2025 Dental Rates**

Delta Dental Enhanced Dental Plan	<b>Employee Monthly Payment</b>	<b>Per Pay Period Amount</b>
Employee Only	\$28.76	\$14.38
Employee/Child(ren)	\$70.46	\$35.23
Employee/Spouse	\$58.96	\$29.48
Employee/Family	\$100.34	\$50.17
Delta Dental Basic Dental Plan	<b>Employee Monthly Payment</b>	<b>Per Pay Period Amount</b>
Employee Only	\$22.60	\$11.30
Employee/Child(ren)	\$55.32	\$27.66
Employee/Spouse	\$46.30	\$23.15
Employee/Family	\$78.84	\$39.42