City of Suffolk 2024 Dental Rates

Delta Dental Enhanced Dental Plan	Employee Monthly Rate	Employee Semi- Monthly Rate
Employee	\$26.88	\$13.44
Employee/Child(ren)	\$65.84	\$32.92
Employee/Spouse	\$55.09	\$27.55
Employee/Family	\$93.77	\$46.89
Delta Dental Basic Dental Plan	Employee Monthly Rate	Employee Semi- Monthly Rate
Employee	\$21.11	\$10.56
Employee/Child(ren)	\$51.70	\$25.85
Employee/Spouse	\$43.26	\$21.63
Employee/Family	\$73.67	\$36.83