

CITY OF COLUMBIA Delta Dental Coverage				
Effective: 1/1/2026				
COVERAGE LEVEL	Gross Rate	City Contribution	EE Monthly Contribution	EE Semi-Monthly Contribution
Employee Only	\$33.60	\$33.60	\$0.00	\$0.00
Employee + Spouse	\$67.01	\$33.60	\$33.41	\$16.70
Employee + Child(ren)	\$67.01	\$33.60	\$33.41	\$16.71
Full Family	\$100.37	\$33.60	\$66.77	\$33.39
2 City EE's with Kids*	\$50.19	\$33.60	\$16.59	\$8.30
*= cost per employee				
<i>Rates for employees who are 0.75 FTE or higher</i>				