

<b>CITY OF COLUMBIA</b>				
<b>Delta Dental Coverage</b>				
<b>Effective: 1/1/2025</b>				
<b>COVERAGE LEVEL</b>	<b>Gross Rate</b>	<b>City Contribution</b>	<b>EE Monthly Contribution</b>	<b>EE Semi-Monthly Contribution</b>
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>				