



El Paso County Dental Benefits

Employee Rate Sheet
1/1/2023 thru 12/31/2023



Dental

Employee Bi-Weekly Contribution

Plan Name	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
Dental with Medical Plan	\$0.00	\$13.63	\$27.25	\$40.88
Dental Only	\$13.63	\$27.25	\$40.88	\$54.51

