EL PASO COUNTY HEALTH BENEFITS

EMPLOYEE RATE SHEET 1/1/2025 - 12/31/2025

Dental

Employee Bi-Weekly Contribution

		7			
Plan Name	Employee Only	Employee & Spouse	Employee & Children	Employee & Family	
Dental with Medical Plan	\$0.00	\$13.63	\$27.25	\$40.88	27.3
Dental Only	\$13.63	\$27.25	\$40.88	\$54.21	

