

COST OF COVERAGE

MONTHLY COSTS FOR DENTAL AND VISION COVERAGE

County Dental Plans	
	2024 Monthly Plan Costs
Local Advantage Plus (EPO)	
<i>Retiree only</i>	\$32.26
<i>Retiree plus one dependent</i>	\$61.50
<i>Retiree plus family</i>	\$91.50
Local Advantage Blythe (EPO)	
<i>Retiree only</i>	\$20.98
<i>Retiree plus one dependent</i>	\$32.02
<i>Retiree plus family</i>	\$50.36
DeltaCare USA DHMO – High Option Plan (10A)	
<i>Retiree only</i>	\$21.62
<i>Retiree plus one dependent</i>	\$32.98
<i>Retiree plus family</i>	\$51.86
Delta Dental (PPO)	
<i>Retiree only</i>	\$45.00
<i>Retiree plus one dependent</i>	\$78.00
<i>Retiree plus family</i>	\$115.00
County Vision Plan	
EyeMed Vision Care	
<i>Retiree only</i>	\$10.17
<i>Retiree plus one dependent</i>	\$19.48
<i>Retiree plus family</i>	\$25.84

