

COST OF COVERAGE

MONTHLY COSTS FOR DENTAL AND VISION COVERAGE

County Dental Plans	
	2025 Monthly Plan Costs
Local Advantage Plus (EPO)	
Retiree only	\$32.26
Retiree plus one dependent	\$61.50
Retiree plus family	\$91.50
Local Advantage Blythe (EPO)	
Retiree only	\$20.98
Retiree plus one dependent	\$32.02
Retiree plus family	\$50.36
DeltaCare USA DHMO – High Option Plan (10A)	
Retiree only	\$21.62
Retiree plus one dependent	\$32.98
Retiree plus family	\$51.86
Delta Dental (PPO)	
Retiree only	\$45.00
Retiree plus one dependent	\$78.00
Retiree plus family	\$115.00
County Vision Plan	
EyeMed Vision Care	
Retiree only	\$10.17
Retiree plus one dependent	\$19.48
Retiree plus family	\$25.84

