

Superior Court of California, County of San Bernardino

5 Year Dental Rate History

Dental PPO	United Concordia 1/1/16 - 12/31/16	United Concordia 1/1/17 - 12/31/17	Delta Dental 1/1/18 - 12/31/18	Delta Dental 1/1/19- 12/31/19	Delta Dental 1/1/20- 12/31/20
Employee Only	\$41.28	41.28	\$46.77	\$49.58	\$53.55
Employee+ 1 Dep.	\$73.79	73.79	\$83.59	\$88.61	\$95.70
Employee+ Family	\$122.37	122.37	\$138.63	\$146.95	\$158.71

Dental DHMO	United Concordia 1/1/16 - 12/31/16	United Concordia 1/1/17 - 12/31/17	Delta Dental 1/1/18 - 12/31/18	Delta Dental 1/1/19- 12/31/19	Delta Dental 1/1/20- 12/31/20
Employee Only	\$18.57	\$18.57	\$14.41	\$15.27	\$15.27
Employee+ 1 Dep.	\$34.19	\$34.19	\$27.50	\$29.15	\$29.15
Employee+ Family	\$53.90	\$53.90	\$42.80	\$45.37	\$45.37

***Rates are net of commission**

Court Contribution: \$200 per pay period (26 pay periods) provided to all full-time regular benefit-eligible employees to be used towards, medical, dental or vision. If opting out of Court coverages, it will be paid to the employee. Benefit Eligible Part-Time employees receive pro-rated contribution and subsidies based upon the number of hours they work per pay period. This contribution is not scheduled to change for 2021.

Court Paid Dental Subsidy Formula (per pay-period): 100% of the "employee only" PPO dental rate x 12 / 26