

Superior Court of California, County of San Bernardino

5 Year Dental Rate History

Dental PPO	Delta Dental 1/1/19- 12/31/19	Delta Dental 1/1/20- 12/31/20	Delta Dental 1/1/21- 12/31/21	Delta Dental 1/1/22- 12/31/22	Delta Dental 1/1/23- 12/31/23
Employee Only	\$49.58	\$53.55	\$53.55	\$53.55	\$52.48
Employee+ 1 Dep.	\$88.61	\$95.70	\$95.70	\$95.70	\$93.79
Employee+ Family	\$146.95	\$158.71	\$158.71	\$158.71	\$155.54

Dental DHMO	Delta Dental 1/1/19- 12/31/19	Delta Dental 1/1/20- 12/31/20	Delta Dental 1/1/21- 12/31/21	Delta Dental 1/1/22- 12/31/22	Delta Dental 1/1/23- 12/31/23
Employee Only	\$15.27	\$15.27	\$15.27	\$15.27	\$16.84
Employee+ 1 Dep.	\$29.15	\$29.15	\$29.15	\$29.15	\$32.15
Employee+ Family	\$45.37	\$45.37	\$45.37	\$45.37	\$50.04

***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 could change for 2024.

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