

# Sutter County Dental Insurance Rates 2026

(24 pp)

Plan Name	Deductible	Maximum Calendar Year Benefit	Orthodontic Services	Total Monthly Premium	County Monthly Contribution	Employee Monthly Contribution	Employee Bi-weekly Contribution
DeltaCare (HMO)	EE / Family	EE / Family					
Single	N/A	No Limit	Call DeltaCare for more info	\$17.90	\$17.90	\$0.00	\$0.00
Employee + 1				\$31.80	\$31.80	\$0.00	\$0.00
Family				\$46.80	\$46.80	\$0.00	\$0.00
Delta PPO + Premier 1000							
Single	\$50 / \$100	\$1,000 / Person	\$1,000 Lifetime	\$43.70	\$25.78	\$17.92	\$8.96
Employee + 1				\$74.00	\$48.45	\$25.55	\$12.78
Family				\$113.00	\$74.75	\$38.25	\$19.13
Delta PPO + Premier 2000							
Single	\$50 / \$100	\$2000 / Person	\$2,000 Lifetime	\$57.80	\$32.98	\$24.82	\$12.41
Employee + 1				\$98.20	\$60.65	\$37.55	\$18.78
Family				\$150.00	\$93.35	\$56.65	\$28.33