



Payroll and Benefits Department
1305 E. Vine Street
Lodi, CA 95240-3148
(209) 331-7137

CLASSIFIED
DELTA DENTAL COBRA RATES
(effective 10/1/18)

3 – TIER COBRA

EMPLOYEE = \$51.70 PER MONTH

EMPLOYEE + 1 = \$103.39 PER MONTH

FAMILY = \$144.75 PER MONTH