

EPISCOPAL DIOCESE OF ALABAMA DENTAL BENEFIT PROGRAM

**Dental Benefit Rates for 2025
(2025 rates effective January 1, 2025)**

Current (2024) and Renewal Rates (2025)

| Coverage Tier | 2024 Monthly Rate | 2025 Monthly Rate |
|------------------------|-------------------|-------------------|
| Employee Only | \$35.30 | \$35.30 |
| Employee + Spouse | \$86.88 | \$86.88 |
| Employee + child (ren) | \$82.97 | \$82.97 |
| Employee + Family | \$111.89 | \$111.89 |