

2026 Hennepin County Employee Dental Plan Premiums

2026 Plan								
Plan / Tier	Monthly Premium	Monthly Employer Contribution	Employer Cost Share	Monthly Employee Cost Contribution	Employee Cost Share	Biweekly Employee Contribution	Biweekly Employee \$ Change	Biweekly Employer \$ Change
EE Only	\$43.15	\$17.26	40%	\$25.89	60%	\$11.95	\$.35	\$.23
EE + Family	\$96.56	\$38.62	40%	\$57.94	60%	\$26.74	\$.78	\$.52

**Cost share rates may vary based on employee groups and eligibility*