

**DELTA DENTAL - RATES**  
*(Effective January 1, 2024)*  
**DENTAL INSURANCE (4.4% Increase)**

Low Option

2%

LOW OPTION	MONTHLY PREMIUM	Town's Share Mthly	Employee Paid Mthly	Town Pays Biweekly	EE Biweekly Rate	COBRA	Town Pays Annually
Single	\$ 34.96	\$ 34.96	\$ -	\$ 17.48	\$ -	\$ 35.66	\$ 419.52
2-Person	\$ 68.40	\$ 34.96	\$ 33.44	\$ 17.48	\$ 16.72	\$ 69.77	
Family	\$ 137.92	\$ 34.96	\$ 102.96	\$ 17.48	\$ 51.48	\$140.68	

High Option

HIGH OPTION	MONTHLY PREMIUM	TOWN'S SHARE	Employee Paid	Town Pays Biweekly	EE Biweekly Rate	COBRA
Single	\$ 53.93	\$ 34.96	\$ 18.97	\$ 17.48	\$ 9.49	\$ 55.01
2-Person	\$ 104.31	\$ 34.96	\$ 69.35	\$ 17.48	\$ 34.68	\$106.40
Family	\$ 190.03	\$ 34.96	\$ 155.07	\$ 17.48	\$ 77.54	\$193.83

**Opt Out -**

Cash back amount per year equal to forty (40%) percent of the Town's Annual Contribution to the basic, one person Plan

1 person plan	\$ 34.96	
Annual x12	\$ 167.81	Opt Out Amount
24 pays	\$ 6.99	