

**DELTA DENTAL - RATES**  
*(Effective January 1, 2023)*  
**DENTAL INSURANCE**

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	\$ 33.39	\$ 33.39	\$ -	\$ 16.70	\$ -	\$ 34.06	\$ 400.68
2-Person	\$ 65.33	\$ 33.39	\$ 31.94	\$ 16.70	\$ 15.97	\$ 66.64	
Family	\$ 131.73	\$ 33.39	\$ 98.34	\$ 16.70	\$ 49.17	\$134.36	

High Option

HIGH OPTION	MONTHLY PREMIUM	TOWN'S SHARE	Employee Paid	Town Pays Biweekly	EE Biweekly Rate	COBRA
Single	\$ 51.51	\$ 33.39	\$ 18.12	\$ 16.70	\$ 9.06	\$ 52.54
2-Person	\$ 99.63	\$ 33.39	\$ 66.24	\$ 16.70	\$ 33.12	\$101.62
Family	\$ 181.50	\$ 33.39	\$ 148.11	\$ 16.70	\$ 74.06	\$185.13

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	\$ 33.39	
Annual x12	\$ 160.27	Opt Out Amount
24 pays	\$ 6.68	