

**DELTA DENTAL - RATES**  
*(Effective January 1, 2022)*

**DENTAL INSURANCE**

Low Option

-1.50% Decrease at 1/1/22

2%

LOW OPTION	MONTHLY PREMIUM	Town's Share Mthly	Employee Paid Mthly	Town Pays Biweekly	EE Biweekly Rate	COBRA	Town Pays Annually
Single	\$ 32.88	\$ 32.88	\$ -	\$ 16.44	\$ -	\$ 33.54	\$ 394.56
2-Person	\$ 64.35	\$ 32.88	\$ 31.47	\$ 16.44	\$ 15.74	\$ 65.64	
Family	\$ 129.74	\$ 32.88	\$ 96.86	\$ 16.44	\$ 48.43	\$132.33	

High Option

HIGH OPTION	MONTHLY PREMIUM	TOWN'S SHARE	Employee Paid	Town Pays Biweekly	EE Biweekly Rate	COBRA
Single	\$ 50.73	\$ 32.88	\$ 17.85	\$ 16.44	\$ 8.93	\$ 51.74
2-Person	\$ 98.13	\$ 32.88	\$ 65.25	\$ 16.44	\$ 32.63	\$100.09
Family	\$ 178.77	\$ 32.88	\$ 145.89	\$ 16.44	\$ 72.95	\$182.35

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	\$ 32.88
Annual x12	\$ 157.82
24 pays	\$ 6.58

Opt Out Amount