



Town of Belmont Dental Insurance Rates

Active Employees
Effective July 1, 2015 - June 30, 2016

Delta Dental Premier Voluntary

	Weekly	Monthly	Yearly
Individual	\$ 9.00	\$ 39.00	\$ 468.00
Family	\$ 22.38	\$ 97.00	\$ 1,164.00

The employee pays 100% of the premium cost; the Town does not contribute to Dental premiums.

Employees who elect coverage must remain on the plan for one full year.