



Town of Belmont Fiscal Year 2026 Dental Insurance Rates

Active Employees

Effective July 1, 2025 - June 30, 2026

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.

Delta Dental Premier Voluntary

Employee Deduction Amount

Plan Type/# of pays	Employee Pay-Period	Employee Monthly Rate	Employee Annual Cost
<i>Individual (52-Week)</i>	\$9.23	\$40.00	\$480.00
<i>Individual (42-Week)</i>	\$11.43	\$40.00	\$480.00
<i>Individual (26-Week)</i>	\$18.46	\$40.00	\$480.00
<i>Individual (21-Week)</i>	\$22.86	\$40.00	\$480.00
<i>Family (52-Week)</i>	\$22.85	\$99.00	\$1,188.00
<i>Family (42-Week)</i>	\$28.29	\$99.00	\$1,188.00
<i>Family (26-Week)</i>	\$45.69	\$99.00	\$1,188.00
<i>Family (21-Week)</i>	\$56.57	\$99.00	\$1,188.00

Delta Dental PPO Plus Premier Voluntary Enhanced

Employee Deduction Amount

Plan Type/# of pays	Employee Pay-Period	Employee Monthly Rate	Employee Annual Cost
<i>Individual (52-Week)</i>	\$13.62	\$59.00	\$708.00
<i>Individual (42-Week)</i>	\$16.86	\$59.00	\$708.00
<i>Individual (26-Week)</i>	\$27.23	\$59.00	\$708.00
<i>Individual (21-Week)</i>	\$33.71	\$59.00	\$708.00
<i>Family (52-Week)</i>	\$34.85	\$151.00	\$1,812.00
<i>Family (42-Week)</i>	\$43.14	\$151.00	\$1,812.00
<i>Family (26-Week)</i>	\$69.69	\$151.00	\$1,812.00
<i>Family (21-Week)</i>	\$86.29	\$151.00	\$1,812.00