



Town of Belmont Fiscal Year 2025 Dental Insurance Rates

Active Employees

Effective July 1, 2024 - June 30, 2025

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>	\$9.00	\$39.00	\$468.00
<i>Individual (42-Week)</i>	\$11.14	\$39.00	\$468.00
<i>Individual (26-Week)</i>	\$18.00	\$39.00	\$468.00
<i>Individual (21-Week)</i>	\$22.29	\$39.00	\$468.00
<i>Family (52-Week)</i>	\$22.38	\$97.00	\$1,164.00
<i>Family (42-Week)</i>	\$27.71	\$97.00	\$1,164.00
<i>Family (26-Week)</i>	\$44.77	\$97.00	\$1,164.00
<i>Family (21-Week)</i>	\$55.43	\$97.00	\$1,164.00

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>	\$13.38	\$58.00	\$696.00
<i>Individual (42-Week)</i>	\$16.57	\$58.00	\$696.00
<i>Individual (26-Week)</i>	\$26.77	\$58.00	\$696.00
<i>Individual (21-Week)</i>	\$33.14	\$58.00	\$696.00
<i>Family (52-Week)</i>	\$122.72	\$148.00	\$1,776.00
<i>Family (42-Week)</i>	\$42.29	\$148.00	\$1,776.00
<i>Family (26-Week)</i>	\$68.31	\$148.00	\$1,776.00
<i>Family (21-Week)</i>	\$84.57	\$148.00	\$1,776.00