



# Town of Belmont Dental Insurance Rates

Active Employees  
Fiscal Year 2024  
Effective July 1, 2023 to June 30, 2024

## Delta Dental Premier Voluntary

	<b>Weekly</b>	<b>Monthly</b>	<b>Yearly</b>
<b>Individual</b>	\$ 9.00	\$ 39.00	\$ 468.00
<b>Family</b>	\$ 22.38	\$ 97.00	\$ 1,164.00

## Delta Dental PPO Plus Premier Voluntary Enhanced

	<b>Weekly</b>	<b>Monthly</b>	<b>Yearly</b>
<b>Individual</b>	\$ 13.38	\$ 58.00	\$ 696.00
<b>Family</b>	\$ 34.15	\$ 148.00	\$ 1,776.00

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.