

FISCAL YEAR 2016

Town of Lexington
Dental Rate Sheet
Retirees

July 1, 2015 - June 30, 2016

DENTAL	Monthly	Monthly	Monthly	Total	Town	Retiree
Delta Premier	Rate	Town Share	Retiree Share	Annual Cost	Annual Cost	Annual Cost
Family	\$139.25	\$69.63	\$69.63	\$1,671.00	\$835.50	\$835.50
Individual +1	\$87.02	\$43.51	\$43.51	\$1,044.24	\$522.12	\$522.12
Individual	\$54.14	\$27.07	\$27.07	\$649.68	\$324.84	\$324.84
DeltaCare						
Family	\$83.71	\$41.86	\$41.86	\$1,004.52	\$502.26	\$502.26
Individual +1	\$55.61	\$27.81	\$27.81	\$667.32	\$333.66	\$333.66
Individual	\$29.68	\$14.84	\$14.84	\$356.16	\$178.08	\$178.08

Contact Information	
Delta Premier:	800-872-0500
Delta Care:	800-327-6277
www.deltadental.com	