FISCAL YEAR 2017

Town of Lexington
Retirees / Survisors
Dental Rate Sheet

July 1, 2016 - June 30, 2017

DENTAL	Monthly	COBRA	Monthly	Monthly	Total	Town	Employee
Delta Premier	**Rate**	**Rate**	**Town Share**	**Employee Share**	**Annual Cost**	**Annual Cost**	**Annual Cost**
Family	$144.82	$147.72	$72.41	$72.41	$1,737.84	$868.92	$868.92
Individual +1	$90.50	$92.31	$45.25	$45.25	$1,086.00	$543.00	$543.00
Individual	$56.31	$57.44	$28.16	$28.15	$675.72	$337.86	$337.86
DeltaCare							
Family	$83.71	$85.38	$41.86	$41.86	$1,004.52	$502.26	$502.26
Individual +1	$55.61	$56.72	$27.81	$27.81	$667.32	$333.66	$333.66
Individual	$29.68	$30.27	$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	