

Town of Lexington  
Retirees / Survivors  
Dental Rate Sheet

<b>DENTAL</b>	<b>Monthly</b>	<b>COBRA</b>	<b>Monthly</b>	<b>Monthly</b>	<b>Total</b>	<b>Town</b>	<b>Employee</b>
<b>Delta Premier</b>	<b>Rate</b>	<b>Rate</b>	<b>Town Share</b>	<b>Employee Share</b>	<b>Annual Cost</b>	<b>Annual Cost</b>	<b>Annual Cost</b>
Family	\$135.52	\$138.23	\$67.76	\$67.76	\$1,626.24	\$813.12	\$813.12
Individual +1	\$84.69	\$86.38	\$42.35	\$42.35	\$1,016.28	\$508.14	\$508.14
Individual	\$52.69	\$53.74	\$26.35	\$26.35	\$632.28	\$316.14	\$316.14

<b>DeltaCare</b>							
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

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