

**Town of Weston Dental Insurance**

<b>Delta Dental Dual Option</b>		
<b>Effective 7/1/2021-6/30/2022</b>		
Voluntary Dual Option		
	<u>High Option</u>	<u>Low Option</u>
	Voluntary (Employee Paid)	
<b>Individual Monthly Rate:</b>	<b>\$58.00</b>	<b>\$39.00</b>
<b>Family Monthly Rate:</b>	<b>\$148.00</b>	<b>\$97.00</b>
	Through 6/30/2021	
	PPO +	Premier Enhanced
	<u>High Option</u>	<u>Low Option</u>
<b>Deductible</b>		
<b>Individual:</b>	\$50	None
<b>Family:</b>	\$150	None
<b>Calendar Year Maximum:</b>	<b>\$1,500</b>	<b>\$1,500</b>
<b>Basis of Reimbursement:</b>	Negotiated Fee	Schedule of Reimbursement
<b>Preventative Services:</b> <i>Oral Exams, X-Rays, Cleanings, Fluoride Treatment, Space Maintainers, Sealants</i>	100% Coverage (No deductible)	100% Coverage (No deductible)
<b>Basic Services</b> <i>Fillings, Extractions, Oral Emergency Exams</i>	80% Coverage*	Reimbursed to table amount
<b>Major Services</b> <i>Periodontics, Endodontics, Onlays, Prosthodontics, Crowns (initial installation &amp; maintenance)</i>	50% Coverage*	Reimbursed to table amount
<b>Orthodontics</b>	Not covered	Not covered

\*Coverage is after deductible.