

Town of Weston Dental Insurance

Delta Dental Dual Option		
Effective 7/1/2022-6/30/2023		
Voluntary Dual Option		
	<u>High Option</u>	<u>Low Option</u>
	Voluntary (Employee Paid)	
Individual Monthly Rate:	\$58.00	\$39.00
Family Monthly Rate:	\$148.00	\$97.00
	Through 6/30/2023	
	PPO +	Premier Enhanced
	<u>High Option</u>	<u>Low Option</u>
Deductible		
Individual:	\$50	None
Family:	\$150	None
Calendar Year Maximum:	\$1,500	\$1,500
Basis of Reimbursement:	Negotiated Fee	Schedule of Reimbursement
Preventative Services: <i>Oral Exams, X-Rays, Cleanings, Fluoride Treatment, Space Maintainers, Sealants</i>	100% Coverage (No deductible)	100% Coverage (No deductible)
Basic Services <i>Fillings, Extractions, Oral Emergency Exams</i>	80% Coverage*	Reimbursed to table amount
Major Services <i>Periodontics, Endodontics, Onlays, Prosthodontics, Crowns (initial installation & maintenance)</i>	50% Coverage*	Reimbursed to table amount
Orthodontics	Not covered	Not covered

*Coverage is after deductible.