

CITY OF MELROSE

FY 2018

DENTAL INSURANCE

EMPLOYEES

Rates Effective 6/1/2015 (remain the same)

PLAN	52 P/P	42 P/P	21 P/P	26 P/P	Month
Employee	9.96	12.33	24.66	19.92	43.15
Employee +Spouse	19.89	24.62	49.24	39.78	86.17
Employee+Child(ren) *	19.05	23.58	47.15	38.09	82.51
Family	30.66	37.95	75.91	61.31	132.83

*Children are covered until age 21; if they are full time students-until age 26.

PLAN SUMMARY

- ⇒ Voluntary benefit paid by the employee
- ⇒ No waiting periods
- ⇒ Preventive and maintenance covered at 100%
- ⇒ Minor Restorative Procedures covered at 80%
- ⇒ Major Restorative Procedures covered at 50%
- ⇒ Calendar Year Deductible - \$50 individual/\$150 family
- ⇒ Calendar Year Maximum - \$1,000 per person
- ⇒ **Vision Savings Eye Care Program** available at no additional cost