

CITY OF MELROSE

FY 2025

DENTAL INSURANCE

EMPLOYEES

New Rates Effective 6/1/2020

PLAN	52pp CODES	52 P/P	42pp CODES	42 P/P	21pp CODES	21 P/P	26pp CODES	26 P/P
Employee	7900	10.26	7904	12.70	7908	25.39	7912	20.51
Employee +Spouse	7901	20.48	7905	25.36	7909	50.72	7913	40.97
Employee+Child(ren) *	7902	19.61	7903	24.28	7910	48.57	7914	39.23
Family	7903	31.57	7907	39.09	7911	78.18	7915	63.14

*Children are covered until age 26. **EMPLOYEE MUST NOTIFY EMPLOYER WHEN CHILD AGES OUT.**

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