

*2021 - 2022 Simsbury Public Schools Active Employees Dental Insurance Rates
MetLife® \$1500 Annual Maximum Plan*

Unaffiliated (Individual 0% & Dependent 15%) and (Nutrition Services – In Negotiation Will be updated upon completion)			
	Monthly Premium	Monthly Board Cost	Monthly Employee Cost
Family	\$147.33	\$132.27	\$15.06
Two-Person	\$98.01	\$90.35	\$7.67
Individual	\$46.91	\$46.91	\$0.00
	Annual Premium	Annual Board Cost	Annual Employee Cost
Family	\$1,767.96	\$1,587.20	\$180.76
Two-Person	\$1,176.12	\$1,084.14	\$91.98
Individual	\$562.92	\$562.92	\$0.00
NAGE and SFEP – Custodian/Maintenance & Clerical/Paras (Individual 5% & Dependent 15%)			
	Monthly Premium	Monthly Board Cost	Monthly Employee Cost
Family	\$147.33	\$129.92	\$17.41
Two-Person	\$98.01	\$88.00	\$10.01
Individual	\$46.91	\$44.56	\$2.35
	Annual Premium	Annual Board Cost	Annual Employee Cost
Family	\$1,767.96	\$1,559.06	\$208.90
Two-Person	\$1,176.12	\$1,055.99	\$120.13
Individual	\$562.92	\$534.77	\$28.15
In Negotiation – Will be updated upon completion. NURSES (Individual 15% & Dependent 15%)			
	Monthly Premium	Monthly Board Cost	Monthly Employee Cost
Family	\$144.58	\$122.89	\$21.69
Two-Person	\$96.18	\$81.75	\$14.43
Individual	\$46.04	\$39.13	\$6.91
	Annual Premium	Annual Board Cost	Annual Employee Cost
Family	\$1,734.96	\$1,474.72	\$260.24
Two-Person	\$1,154.16	\$981.04	\$173.12
Individual	\$552.48	\$469.61	\$82.87
SSASA – Administrators (Individual 18% & Dependent 18%)			
	Monthly Premium	Monthly Board Cost	Monthly Employee Cost
Family	\$147.33	\$120.81	\$26.52
Two-Person	\$98.01	\$80.37	\$17.64
Individual	\$46.91	\$38.47	\$8.44
	Annual Premium	Annual Board Cost	Annual Employee Cost
Family	\$1,767.96	\$1,449.73	\$318.23
Two-Person	\$1,176.12	\$964.42	\$211.70
Individual	\$562.92	\$461.59	\$101.33
SEA – Teachers (Individual 18% & Dependent 18%)			
	Monthly Premium	Monthly Board Cost	Monthly Employee Cost
Family	\$147.33	\$120.07	\$27.26
Two-Person	\$98.01	\$79.88	\$18.13
Individual	\$46.91	\$38.23	\$8.68
	Annual Premium	Annual Board Cost	Annual Employee Cost
Family	\$1,767.96	\$1,440.89	\$327.07
Two-Person	\$1,176.12	\$958.54	\$217.58
Individual	\$562.92	\$458.78	\$104.14

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Dental Benefit Summary		Primary Covered Services	
Type A - Preventative	100% Reasonable & Customary	- Oral Evaluations - Prophylaxis (cleanings) - Space Maintainers - X-Rays	- Topical Fluoride Applications - Emergency Treatment for Pain - Fillings - Endodontics (Root Canal)
Type B - Basic	85% Reasonable & Customary	- Extractions - Oral Surgery - Periodontics - Anesthesia	- Injections of Antibiotic Drugs - Repair of Crowns & Dentures - Repair of Bridgework
Type C - Major	50% Reasonable & Customary	- Bridgework - Dentures - Inlays, Onlays, Crowns	- TMJ - Dental Implants
Type D - Ortho	50% Reasonable & Customary	- Orthodontia, including appliance therapy	
Deductible**	\$50 / \$150 Individual / Family \$50 Individual - Type D		
Annual Maximum	\$1,500 per person – Dental Plan (for Type A – Type C Services) Calendar Year Max – Jan - Dec		
Ortho Lifetime Maximum	\$1,000 per person		
TMJ Lifetime Maximum	\$1,000 per person		

** Applies Only to Type B & C Services (Deductible does not apply to TMJ disorders.)