

*2020 - 2021 Simsbury Public Schools Active Employees Dental Insurance Rates
MetLife® \$1500 Annual Maximum Plan*

Unaffiliated and Nutrition Services (Individual 0% & Dependent 15%)			
	Monthly Premium	Monthly Board Cost	Monthly Employee Cost
Family	\$144.58	\$129.80	\$14.78
Two-Person	\$96.18	\$88.66	\$7.52
Individual	\$46.04	\$46.04	\$0.00
	Annual Premium	Annual Board Cost	Annual Employee Cost
Family	\$1,734.96	\$1,557.59	\$177.37
Two-Person	\$1,154.16	\$1,063.91	\$90.25
Individual	\$552.48	\$552.48	\$0.00
NAGE and SFEP – Custodian/Maintenance & Clerical/Paras (Individual 5% & Dependent 15%)			
	Monthly Premium	Monthly Board Cost	Monthly Employee Cost
Family	\$144.58	\$127.50	\$17.08
Two-Person	\$96.18	\$86.36	\$9.82
Individual	\$46.04	\$43.74	\$2.30
	Annual Premium	Annual Board Cost	Annual Employee Cost
Family	\$1,734.96	\$1,529.96	\$205.00
Two-Person	\$1,154.16	\$1,036.28	\$117.88
Individual	\$552.48	\$524.86	\$27.62
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	\$144.58	\$118.56	\$26.02
Two-Person	\$96.18	\$78.87	\$17.31
Individual	\$46.04	\$37.75	\$8.29
	Annual Premium	Annual Board Cost	Annual Employee Cost
Family	\$1,734.96	\$1,422.67	\$312.29
Two-Person	\$1,154.16	\$946.41	\$207.75
Individual	\$552.48	\$453.03	\$99.45
SEA – Teachers (Individual 18% & Dependent 18%)			
	Monthly Premium	Monthly Board Cost	Monthly Employee Cost
Family	\$144.58	\$117.83	\$26.75
Two-Person	\$96.18	\$78.39	\$17.79
Individual	\$46.04	\$37.52	\$8.52
	Annual Premium	Annual Board Cost	Annual Employee Cost
Family	\$1,734.96	\$1,413.99	\$320.97
Two-Person	\$1,154.16	\$940.64	\$213.52
Individual	\$552.48	\$450.27	\$102.21

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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.)