

*2022 - 2023 Simsbury Public Schools Active Employees Dental Insurance Rates
MetLife® \$1500 Annual Maximum Plan*

Unaffiliated (Individual 0% & Dependent 15%) – Includes Unaffiliated, Nutrition Svcs, SEED & DCE Employees			
	Monthly Premium	Monthly Board Cost	Monthly Employee Cost
Individual	\$46.91	\$46.91	\$0.00
Two-Person	\$98.01	\$90.35	\$7.67
Family	\$147.33	\$132.27	\$15.06
	Annual Premium	Annual Board Cost	Annual Employee Cost
Individual	\$562.92	\$562.92	\$0.00
Two-Person	\$1,176.12	\$1,084.14	\$91.98
Family	\$1,767.96	\$1,587.20	\$180.76
NAGE and SFEP – Custodian/Maintenance & Clerical/Paras (Individual 5% & Dependent 15%)			
	Monthly Premium	Monthly Board Cost	Monthly Employee Cost
Individual	\$46.91	\$44.56	\$2.35
Two-Person	\$98.01	\$88.00	\$10.01
Family	\$147.33	\$129.92	\$17.41
	Annual Premium	Annual Board Cost	Annual Employee Cost
Individual	\$562.92	\$534.77	\$28.15
Two-Person	\$1,176.12	\$1,055.99	\$120.13
Family	\$1,767.96	\$1,559.06	\$208.90
NURSES (Individual 15% & Dependent 15%)			
	Monthly Premium	Monthly Board Cost	Monthly Employee Cost
Individual	\$46.91	\$39.87	\$7.04
Two-Person	\$98.01	\$83.31	\$14.70
Family	\$147.33	\$125.23	\$22.10
	Annual Premium	Annual Board Cost	Annual Employee Cost
Individual	\$562.92	\$478.48	\$84.44
Two-Person	\$1,176.12	\$999.70	\$176.42
Family	\$1,767.96	\$1,502.77	\$265.19
SSASA – Administrators (Individual 18% & Dependent 18%)			
	Monthly Premium	Monthly Board Cost	Monthly Employee Cost
Individual	\$46.91	\$38.47	\$8.44
Two-Person	\$98.01	\$80.37	\$17.64
Family	\$147.33	\$120.81	\$26.52
	Annual Premium	Annual Board Cost	Annual Employee Cost
Individual	\$562.92	\$461.59	\$101.33
Two-Person	\$1,176.12	\$964.42	\$211.70
Family	\$1,767.96	\$1,449.73	\$318.23
SEA – Teachers (Individual 20% & Dependent 20%)			
	Monthly Premium	Monthly Board Cost	Monthly Employee Cost
Individual	\$46.91	\$37.53	\$9.38
Two-Person	\$98.01	\$78.41	\$19.60
Family	\$147.33	\$117.86	\$29.47
	Annual Premium	Annual Board Cost	Annual Employee Cost
Individual	\$562.92	\$450.34	\$112.58
Two-Person	\$1,176.12	\$940.90	\$235.22
Family	\$1,767.96	\$1,414.37	\$353.59

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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.)