

**TOWN OF NORTH ATTLEBOROUGH
DENTAL PLAN RATES**

ALTUS DENTAL BLUE

FY2026 RATES (Guaranteed for 2 years)

EFFECTIVE 7-1-2025

VOLUNTARY PLAN - 100% EMPLOYEE PAID

	24 Bi-Weekly Deductions	Monthly Cost	Yearly Premium
Individual Coverage	\$18.04	\$36.07	\$432.84
Family Coverage	\$54.72	\$109.43	\$1,313.16

- ◇ **\$1,500** Annual Maximum (in-network & out-of- network combined)
- ◆ **\$1,000** Elective Orthodontic Lifetime Maximum at 50% (to age 19)
- ◆ **Deductible—Individual \$50 / Family \$150**
- ◇ **Maximum Lifetime Cap** Unlimited
- ◆ **Dependent Coverage:** Dependent children covered under a family plan are covered under these benefits up until the end of the month that they turn age 26.

10 Month employees will pay an extra 2-months of premium in

April & May to pay for coverage for July & August (summer months).

Employees also have the option to pay by check.