

**TOWN OF WEST SPRINGFIELD
ALTUS DENTAL RATES
FY2023
SCHOOL EMPLOYEES**

PLAN TYPE	FAMILY/ INDIVIDUAL	<i>Monthly Premium</i>	12 Month Employee 24PP	Teacher/ Nurse 24PP	10 mo Administrator 20PP	10 mo Clerical 20PP	Para 20PP	Cafeteria 20PP
		<i>100%</i>						
ALTUS DENTAL	FAMILY	<i>\$115.41</i>	\$57.71	\$57.71	\$69.25	\$69.25	\$69.25	\$69.25
ALTUS DENTAL	INDIVIDUAL	<i>\$40.68</i>	\$20.34	\$20.34	\$24.41	\$24.41	\$24.41	\$24.41

“PP”: Designates the number of pay periods in which deductions will be taken.

Altus Dental is a voluntary dental plan. The employee pays the full premium.

PLAN BENEFITS ARE DETERMINED ON A CALENDAR YEAR BASIS (January – December).

Voluntary enrollment or disenrollment from the plan is allowed only during an Open Enrollment. Certain “qualifying events” may allow enrollment or disenrollment at a time other than Open Enrollment.

For plan information go to: <http://www.townofwestspringfield.org/employeebenefits>

Please contact Human Resources at 263-3016 or kchatel@tows.org with any questions.