



**TOWN OF FALMOUTH
ACTIVE HEALTH INSURANCE PLANS
FY '21 - MONTHLY RATES
7/1/20 - 6/30/21**

Delta Dental Voluntary (Premier)

	Was	No Change
Individual	\$ 42.00	\$ 42.00
Single Parent/Single Child	\$ 84.00	\$ 84.00
Family	\$ 109.00	\$ 109.00



**TOWN OF FALMOUTH
ACTIVE HEALTH INSURANCE PLANS
FY '22 - MONTHLY RATES
7/1/21 - 6/30/22**

	Was	No Change
Individual	\$ 42.00	\$ 42.00
Single Parent/Single Child	\$ 84.00	\$ 84.00
Family	\$ 109.00	\$ 109.00