

**TOWN OF DEDHAM**  
**19 PAY SCHOOL EMPLOYEES**  
**DENTAL INSURANCE RATES**  
**JULY 1, 2024 - JUNE 30, 2025**

		<b>Employees Pay the Full Monthly Premium</b>		<b>Increase / Decrease Percent</b>
		<b>Monthly Rate</b>	<b>Biweekly Rate</b>	
<b><u>HIGH PLAN</u></b>				
	<b>Monthly Premium</b>			
Employee	55.83	70.52	35.26	0.0%
Employee & Spouse	108.64	137.23	68.61	0.0%
Employee & Children	120.62	152.36	76.18	0.0%
Family	172.99	218.51	109.26	0.0%

		<b>Employees Pay the Full Monthly Premium</b>		<b>Increase / Decrease Percent</b>
		<b>Monthly</b>	<b>BiWeekly</b>	
<b><u>LOW PLAN</u></b>				
	<b>Monthly Premium</b>			
Employee	36.92	46.64	23.32	0.0%
Employee & Spouse	71.09	89.80	44.90	0.0%
Employee & Children	75.59	95.48	47.74	0.0%
Family	125.67	158.74	79.37	0.0%