

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

<u>HIGH PLAN</u>		Employees Pay the Full Monthly Premium		Increase / Decrease Percent
	Monthly Premium	Monthly Rate	Biweekly Rate	
Employee	55.83	67.00	33.50	0.0%
Employee & Spouse	108.64	130.37	65.18	0.0%
Employee & Children	120.62	144.74	72.37	0.0%
Family	172.99	207.59	103.79	0.0%

<u>LOW PLAN</u>		Employees Pay the Full Monthly Premium		Increase / Decrease Percent
	Monthly Premium	Monthly	BiWeekly	
Employee	36.92	44.30	22.15	0.0%
Employee & Spouse	71.09	85.31	42.65	0.0%
Employee & Children	75.59	90.71	45.35	0.0%
Family	125.67	150.80	75.40	0.0%