

TOWN OF DEDHAM
26 & 52 PAY TOWN & SCHOOL EMPLOYEES
DENTAL INSURANCE RATES
JULY 1, 2024 - JUNE 30, 2025

HIGH PLAN

		Employees Pay the Full Monthly Premium			Increase / Decrease Percent
	Monthly Premium	Monthly Rate	Biweekly Rate	Weekly Rate	
Employee	55.83	55.83	27.92	13.96	0.0%
Employee & Spouse	108.64	108.64	54.32	27.16	0.0%
Employee & Children	120.62	120.62	60.31	30.16	0.0%
Family	172.99	172.99	86.50	43.25	0.0%

LOW PLAN

		Employees Pay the Full Monthly Premium			Increase / Decrease Percent
	Monthly Premium	Monthly Rate	Biweekly Rate	Weekly Rate	
Employee	36.92	36.92	18.46	9.23	0.0%
Employee & Spouse	71.09	71.09	35.55	17.77	0.0%
Employee & Children	75.59	75.59	37.80	18.90	0.0%
Family	125.67	125.67	62.84	31.42	0.0%