

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

Coverage	Monthly Premium	Employees Pay the Full Monthly Premium	
		Monthly Rate	Biweekly Rate
Employee	6.07	7.67	3.83
Employee & Spouse	11.52	14.55	7.28
Employee & Children	12.13	15.32	7.66
Family	17.83	22.52	11.26