

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

		Employees Pay the Full Monthly Premium	
Coverage	Monthly Premium	Monthly Rate	Biweekly Rate
Employee	6.07	7.28	3.64
Employee & Spouse	11.52	13.82	6.91
Employee & Children	12.13	14.56	7.28
Family	17.83	21.40	10.70