

TOWN OF DEDHAM
19 PAY SCHOOL EMPLOYEES
DENTAL INSURANCE RATES
JULY 1, 2023 - JUNE 30, 2024

<u>HIGH PLAN</u>		Employees Pay the Full Monthly Premium		Increase / Decrease Percent
	Monthly Premium	Monthly Rate	Biweekly Rate	
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%

<u>LOW PLAN</u>		Employees Pay the Full Monthly Premium		Increase / Decrease Percent
	Monthly Premium	Monthly	BiWeekly	
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%