## TOWN OF DEDHAM 26 & 52 PAY TOWN & SCHOOL EMPLOYEES DENTAL INSURANCE RATES JULY 1, 2023 - JUNE 30, 2024

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	Monthly	Biweekly	Weekly	
	Premium	Rate	Rate	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%