

TOWN OF DEDHAM

DENTAL INSURANCE RATES

JULY 1, 2022 - JUNE 30, 2023

<u>High Plan</u>	<u>Coverage</u>	<u>Monthly Premium</u>	Deductions for Employees Receiving 26 or 52 Paychecks/Year	
			BiWeekly	Weekly
	Employee	55.83	27.92	13.96
	Employee & Spouse	108.64	54.32	27.16
	Employee & Child(ren)	120.62	60.31	30.16
	Family	172.99	86.50	43.25

<u>Low Plan</u>	<u>Coverage</u>	<u>Monthly Premium</u>	Deductions for Employees Receiving 26 or 52 Paychecks/Year	
			BiWeekly	Weekly
	Employee	36.92	18.46	9.23
	Employee & Spouse	71.09	35.55	17.77
	Employee & Child(ren)	75.59	37.80	18.90
	Family	125.67	62.84	31.42