

Town of West Boylston
Insurance Premium Rates - DENTAL INSURANCE Effective July 1, 2024 - June 30, 2025

<u>Altus Dental</u>	<u>All Employees</u> High Plan
<i><u>Family</u></i>	
Total Monthly Premium Cost	\$146.98
Employee / Retiree Monthly Cost (<u>100%</u>)	\$146.98
Bi-Weekly Payroll Deduction Amount	\$73.49
 <i><u>2-Person</u></i>	
Total Monthly Premium Cost	\$102.01
Employee / Retiree Monthly Cost (<u>100%</u>)	\$102.01
Bi-Weekly Payroll Deduction Amount	\$51.01
 <i><u>Individual</u></i>	
Total Monthly Premium Cost	\$51.01
Employee / Retiree Monthly Cost (<u>100%</u>)	\$51.01
Bi-Weekly Payroll Deduction Amount	\$25.51