

Paramus Board of Education

July 1, 2020 - June 30, 2021

Monthly Premium Rates

	Dental	Vision	Total Cost of All Coverages
	Delta Dental	VSP	
Single	\$46.29	\$6.47	\$52.76
2 Adults	\$90.25	\$12.93	\$103.18
Family	\$162.00	\$22.12	\$184.12
Parent & Child	\$115.71	\$13.83	\$129.54