

TOWN OF DEDHAM

HEALTH INSURANCE RATES

JULY 1, 2020 - JUNE 30, 2021

BENCHMARK PLANS			90/10			85/15			80/20			75/25			
			Town @ 90% Pays Monthly	Employee @ 10% Pays		Town @ 85% Pays Monthly	Employee @ 15% Pays		Town @ 80% Pays Monthly	Employee @ 20% Pays			Town @ 75% Pays Monthly	Employee @ 25% Pays	
Monthly Premium	Monthly	BiWeekly		Monthly	Monthly		BiWeekly	Monthly		Monthly	BiWeekly	Weekly		Monthly	Monthly
Harvard Pilgrim HMO	Individual	1,030.00	927.00	103.00	N/A	875.50	154.50	77.25	824.00	206.00	103.00	51.50	772.50	257.50	128.75
	Family	2,683.00	2,414.70	268.30	N/A	2,280.55	402.45	201.23	2,146.40	536.60	268.30	134.15	2,012.25	670.75	335.38
BC/BS Network Blue HMO	Individual	1,068.00	961.20	106.80	N/A	907.80	160.20	80.10	854.40	213.60	106.80	53.40	801.00	267.00	133.50
	Family	2,863.00	2,576.70	286.30	N/A	2,433.55	429.45	214.73	2,290.40	572.60	286.30	143.15	2,147.25	715.75	357.88
Tufts Navigator HMO	Individual	1,084.00	975.60	108.40	N/A	921.40	162.60	81.30	867.20	216.80	108.40	54.20	813.00	271.00	135.50
	Family	2,838.00	2,554.20	283.80	N/A	2,412.30	425.70	212.85	2,270.40	567.60	283.80	141.90	2,128.50	709.50	354.75
Fallon <i>SelectCare</i> HMO	Individual	790.00	711.00	79.00	N/A	671.50	118.50	59.25	632.00	158.00	79.00	39.50	592.50	197.50	98.75
	Family	2,129.00	1,916.10	212.90	N/A	1,809.65	319.35	159.68	1,703.20	425.80	212.90	106.45	1,596.75	532.25	266.13
<i>DirectCare</i> HMO	Individual	736.00	662.40	73.60	N/A	625.60	110.40	55.20	588.80	147.20	73.60	36.80	552.00	184.00	92.00
	Family	1,980.00	1,782.00	198.00	N/A	1,683.00	297.00	148.50	1,584.00	396.00	198.00	99.00	1,485.00	495.00	247.50

HSA - QUALIFIED HIGH DEDUCTIBLE HEALTH PLANS (HDHPs)			90/10			85/15			80/20			75/25			
			Town @ 90% Pays Monthly	Employee @ 10% Pays		Town @ 85% Pays Monthly	Employee @ 15% Pays		Town @ 80% Pays Monthly	Employee @ 20% Pays			Town @ 75% Pays Monthly	Employee @ 25% Pays	
Monthly Premium	Monthly	BiWeekly		Monthly	Monthly		BiWeekly	Monthly		Monthly	BiWeekly	Weekly		Monthly	Monthly
Harvard Pilgrim HDHP	Individual	797.00	717.30	79.70	N/A	677.45	119.55	59.78	637.60	159.40	79.70	39.85	597.75	199.25	99.63
	Family	2,080.00	1,872.00	208.00	N/A	1,768.00	312.00	156.00	1,664.00	416.00	208.00	104.00	1,560.00	520.00	260.00
BC/BS Network Blue HDHP	Individual	862.00	775.80	86.20	N/A	732.70	129.30	64.65	689.60	172.40	86.20	43.10	646.50	215.50	107.75
	Family	2,315.00	2,083.50	231.50	N/A	1,967.75	347.25	173.63	1,852.00	463.00	231.50	115.75	1,736.25	578.75	289.38
Tufts Navigator HDHP	Individual	839.00	755.10	83.90	N/A	713.15	125.85	62.93	671.20	167.80	83.90	41.95	629.25	209.75	104.88
	Family	2,198.00	1,978.20	219.80	N/A	1,868.30	329.70	164.85	1,758.40	439.60	219.80	109.90	1,648.50	549.50	274.75
Fallon <i>SelectCare</i> HDHP	Individual	665.00	598.50	66.50	N/A	565.25	99.75	49.88	532.00	133.00	66.50	33.25	498.75	166.25	83.13
	Family	1,795.00	1,615.50	179.50	N/A	1,525.75	269.25	134.63	1,436.00	359.00	179.50	89.75	1,346.25	448.75	224.38
<i>DirectCare</i> HDHP	Individual	620.00	558.00	62.00	N/A	527.00	93.00	46.50	496.00	124.00	62.00	31.00	465.00	155.00	77.50
	Family	1,671.00	1,503.90	167.10	N/A	1,420.35	250.65	125.33	1,336.80	334.20	167.10	83.55	1,253.25	417.75	208.88