

TOWN OF DEDHAM

HEALTH INSURANCE RATES

JULY 1, 2022 - JUNE 30, 2023

BENCHMARK PLANS			90/10			85/15			80/20			75/25			Increase / Decrease Percent				
			Town @ 90%		Employee @ 10%		Town @ 85%		Employee @ 15%		Town @ 80%		Employee @ 20%			Town @ 75%		Employee @ 25%	
			Pays		Pays		Pays		Pays		Pays		Pays			Pays		Pays	
			Monthly Premium	Monthly	BiWeekly	Monthly	BiWeekly	Monthly	BiWeekly	Monthly	BiWeekly	Weekly	Monthly	Monthly		BiWeekly	Monthly	BiWeekly	
Harvard Pilgrim HMO	Individual	1,108.00	997.20	110.80	N/A	941.80	166.20	83.10	886.40	221.60	110.80	55.40	831.00	277.00	138.50	3.5%			
	Family	2,888.00	2,599.20	288.80	N/A	2,454.80	433.20	216.60	2,310.40	577.60	288.80	144.40	2,166.00	722.00	361.00	3.5%			
BC/BS Network Blue NE HMO	Individual	888.00	799.20	88.80	N/A	754.80	133.20	66.60	710.40	177.60	88.80	44.40	666.00	222.00	111.00	-17.4%			
	Family	2,391.00	2,151.90	239.10	N/A	2,032.35	358.65	179.33	1,912.80	478.20	239.10	119.55	1,793.25	597.75	298.88	-17.1%			
BC/BS Network Blue <u>Select</u> * HMO	Individual	827.00	744.30	82.70	N/A	702.95	124.05	62.03	661.60	165.40	82.70	41.35	620.25	206.75	103.38	New FY 23			
	Family	2,225.00	2,002.50	222.50	N/A	1,891.25	333.75	166.88	1,780.00	445.00	222.50	111.25	1,668.75	556.25	278.13	New FY 23			
Tufts Navigator HMO	Individual	1,173.00	1,055.70	117.30	N/A	997.05	175.95	87.98	938.40	234.60	117.30	58.65	879.75	293.25	146.63	3.5%			
	Family	3,070.00	2,763.00	307.00	N/A	2,609.50	460.50	230.25	2,456.00	614.00	307.00	153.50	2,302.50	767.50	383.75	3.5%			

* New Plan: Provider and Hospital Networks are Limited

HIGH DEDUCTIBLE PLANS HSA Qualified			90/10			85/15			80/20			75/25			Increase / Decrease Percent				
			Town @ 90%		Employee @ 10%		Town @ 85%		Employee @ 15%		Town @ 80%		Employee @ 20%			Town @ 75%		Employee @ 25%	
			Pays		Pays		Pays		Pays		Pays		Pays			Pays		Pays	
			Monthly Premium	Monthly	BiWeekly	Monthly	BiWeekly	Monthly	BiWeekly	Monthly	BiWeekly	Weekly	Monthly	Monthly		BiWeekly	Monthly	BiWeekly	
Harvard Pilgrim HMO	Individual	858.00	772.20	85.80	N/A	729.30	128.70	64.35	686.40	171.60	85.80	42.90	643.50	214.50	107.25	3.5%			
	Family	2,239.00	2,015.10	223.90	N/A	1,903.15	335.85	167.93	1,791.20	447.80	223.90	111.95	1,679.25	559.75	279.88	3.5%			
BC/BS Access Blue NE <u>Saver</u> HMO	Individual	748.00	673.20	74.80	N/A	635.80	112.20	56.10	598.40	149.60	74.80	37.40	561.00	187.00	93.50	-13.8%			
	Family	2,016.00	1,814.40	201.60	N/A	1,713.60	302.40	151.20	1,612.80	403.20	201.60	100.80	1,512.00	504.00	252.00	-13.5%			
Tufts Navigator HMO	Individual	908.00	817.20	90.80	N/A	771.80	136.20	68.10	726.40	181.60	90.80	45.40	681.00	227.00	113.50	3.5%			
	Family	2,377.00	2,139.30	237.70	N/A	2,020.45	356.55	178.28	1,901.60	475.40	237.70	118.85	1,782.75	594.25	297.13	3.5%			

PPO INDEMNITY PLANS			50/50			Increase / Decrease Percent	
			Town @ 50%		Employee @ 50%		
			Monthly Premium	Monthly	BiWeekly		Monthly
Harvard Pilgrim PPO	Individual	2,751.00	1,375.50	1,375.50	687.75	3.5%	
	Family	6,109.00	3,054.50	3,054.50	1,527.25	3.5%	