

TOWN OF DEDHAM
19 PAY SCHOOL EMPLOYEES
HEALTH INSURANCE RATES
JULY 1, 2023 - JUNE 30, 2024

BENCHMARK PLANS			85/15				80/20				Increase / Decrease Percent	
			Monthly Premium	Employee Paying 15%				Employee Paying 20%				
				Receiving 19 Pays				Receiving 19 Pays				
				Town Pays 85% Monthly	Monthly for 26 Pays	Monthly Rate	Biweekly Rate	Town Pays 85% Monthly	Monthly for 26 Pays	Monthly Rate		Biweekl y Rate
Harvard Pilgrim	Individual	1,219.00	1,036.15	182.85	230.97	115.48	975.20	243.80	307.96	153.98	10.0%	
HMO	Family	3,177.00	2,700.45	476.55	601.96	300.98	2,541.60	635.40	802.61	401.31	10.0%	
BC/BS Network Blue	Individual	977.00	830.45	146.55	185.12	92.56	781.60	195.40	246.82	123.41	10.0%	
HMO Saver	Family	2,630.00	2,235.50	394.50	498.32	249.16	2,104.00	526.00	664.42	332.21	10.0%	
BC/BS Network Blue	Individual	910.00	773.50	136.50	172.42	86.21	728.00	182.00	229.89	114.95	10.0%	
HMO Select	Family	2,448.00	2,080.80	367.20	463.83	231.92	1,958.40	489.60	618.44	309.22	10.0%	
Tufts Navigator	Individual	1,290.00	1,096.50	193.50	244.42	122.21	1,032.00	258.00	325.89	162.95	10.0%	
HMO	Family	3,377.00	2,870.45	506.55	639.85	319.93	2,701.60	675.40	853.14	426.57	10.0%	

* Provider and Hospital Networks are Limited

HSA - QUALIFIED HIGH DEDUCTIBLE HEALTH PLANS (HDHPs)			85/15				80/20				Increase / Decrease Percent	
			Monthly Premium	Employee Paying 15%				Employee Paying 20%				
				Receiving 19 Pays				Receiving 19 Pays				
				Town Pays 85% Monthly	Monthly for 26 Pays	Monthly	BiWeekly	Town Pays 85% Monthly	Monthly for 26 Pays	Monthly Rate		Biweekl y Rate
Harvard Pilgrim	Individual	944.00	802.40	141.60	178.86	89.43	755.20	188.80	238.48	119.24	10.0%	
HDHP	Family	2,463.00	2,093.55	369.45	466.67	233.34	1,970.40	492.60	622.23	311.12	10.0%	
BC/BS Network Blue	Individual	823.00	699.55	123.45	155.94	77.97	658.40	164.60	207.92	103.96	10.0%	
HMO Saver	Family	2,218.00	1,885.30	332.70	420.25	210.13	1,774.40	443.60	560.34	280.17	10.0%	
BC/BS Network Blue	Individual	767.00	651.95	115.05	145.33	72.66	613.60	153.40	193.77	96.88	New FY 24	
HMO Select *	Family	2,068.00	1,757.80	310.20	391.83	195.92	1,654.40	413.60	522.44	261.22	New FY 24	
Tufts Navigator	Individual	999.00	849.15	149.85	189.28	94.64	799.20	199.80	252.38	126.19	10.0%	
HDHP	Family	2,615.00	2,222.75	392.25	495.47	247.74	2,092.00	523.00	660.63	330.32	10.0%	

* New Plan: Provider and Hospital Networks are Limited

PPO INDEMNITY PLANS			50/50				Increase / Decrease Percent	
			Monthly Premium	Town @ 50% Pays Monthly	Monthly for 26 Pays	Employee @ 15% Receiving 19 Pays		
						Monthly		BiWeekly
Harvard Pilgrim	Individual	3,026.00	1,513.00	1,513.00	1,911.16	955.58	10.0%	
PPO	Family	6,720.00	3,360.00	3,360.00	4,244.21	2,122.11	10.0%	