

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

<b>BENCHMARK PLANS</b>			<b>85/15</b>				<b>80/20</b>				<b>Increase / Decrease Percent</b>	
			<b>Monthly Premium</b>	<b>Employee Paying 15% Receiving 20 Pays</b>				<b>Employee Paying 20% Receiving 20 Pays</b>				
				<b>Town Pays 85% Monthly</b>	<b>Monthly for 26 Pays</b>	<b>Monthly Rate</b>	<b>Biweekly Rate</b>	<b>Town Pays 85% Monthly</b>	<b>Monthly for 26 Pays</b>	<b>Monthly Rate</b>		<b>Biweekly Rate</b>
<b>Harvard Pilgrim HMO</b>	Individual Family	1,219.00 3,177.00	1,036.15 2,700.45	182.85 476.55	219.42 571.86	109.71 285.93	975.20 2,541.60	243.80 635.40	292.56 762.48	146.28 381.24	10.0% 10.0%	
<b>BC/BS Network Blue HMO <u>saver</u></b>	Individual Family	977.00 2,630.00	830.45 2,235.50	146.55 394.50	175.86 473.40	87.93 236.70	781.60 2,104.00	195.40 526.00	234.48 631.20	117.24 315.60	10.0% 10.0%	
<b>BC/BS Network Blue HMO <u>select</u></b>	Individual Family	910.00 2,448.00	773.50 2,080.80	136.50 367.20	163.80 440.64	81.90 220.32	728.00 1,958.40	182.00 489.60	218.40 587.52	109.20 293.76	10.0% 10.0%	
<b>Tufts Navigator HMO</b>	Individual Family	1,290.00 3,377.00	1,096.50 2,870.45	193.50 506.55	232.20 607.86	116.10 303.93	1,032.00 2,701.60	258.00 675.40	309.60 810.48	154.80 405.24	10.0% 10.0%	

\* Provider and Hospital Networks are Limited

<b>HSA - QUALIFIED HIGH DEDUCTIBLE HEALTH PLANS (HDHPs)</b>			<b>85/15</b>				<b>80/20</b>				<b>Increase / Decrease Percent</b>	
			<b>Monthly Premium</b>	<b>Employee Paying 15% Receiving 20 Pays</b>				<b>Employee @ 20% Pays</b>				
				<b>Town Pays 85% Monthly</b>	<b>Monthly for 26 Pays</b>	<b>Monthly Rate</b>	<b>Biweekly Rate</b>	<b>Town Pays 85% Monthly</b>	<b>Monthly for 26 Pays</b>	<b>Monthly Rate</b>		<b>Biweekly Rate</b>
<b>Harvard Pilgrim HDHP</b>	Individual Family	944.00 2,463.00	802.40 2,093.55	141.60 369.45	169.92 443.34	84.96 221.67	755.20 1,970.40	188.80 492.60	226.56 591.12	113.28 295.56	10.0% 10.0%	
<b>BC/BS Network Blue HMO <u>saver</u></b>	Individual Family	823.00 2,218.00	699.55 1,885.30	123.45 332.70	148.14 399.24	74.07 199.62	658.40 1,774.40	164.60 443.60	197.52 532.32	98.76 266.16	10.0% 10.0%	
<b>BC/BS Network Blue HMO <u>select</u></b>	Individual Family	767.00 2,068.00	651.95 1,757.80	115.05 310.20	138.06 372.24	69.03 186.12	613.60 1,654.40	153.40 413.60	184.08 496.32	92.04 248.16	New FY 24 New FY 24	
<b>Tufts Navigator HDHP</b>	Individual Family	999.00 2,615.00	849.15 2,222.75	149.85 392.25	179.82 470.70	89.91 235.35	799.20 2,092.00	199.80 523.00	239.76 627.60	119.88 313.80	10.0% 10.0%	

\* New Plan: Provider and Hospital Networks are Limited

<b>PPO INDEMNITY PLANS</b>			<b>50/50</b>				<b>Increase / Decrease Percent</b>
			<b>Monthly Premium</b>	<b>Town @ 50% Pays Monthly</b>	<b>Monthly for 26 Pays</b>	<b>Employee @ 15% Receiving 20 Pays</b>	
					<b>Monthly</b>	<b>BiWeekly</b>	
<b>Harvard Pilgrim PPO</b>	Individual Family	3,026.00 6,720.00	1,513.00 3,360.00	1,513.00 3,360.00	1,815.60 4,032.00	907.80 2,016.00	10.0% 10.0%