

TOWN OF DEDHAM
26 & 52 PAYS HEALTH INSURANCE RATES
JULY 1, 2023 - JUNE 30, 2024

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%		
			Monthly Premium	Pays		Pays		Pays		Pays		Pays		Pays			Pays		
Monthly	Monthly	BiWeekly		Monthly	Monthly	BiWeekly	Monthly	Monthly	BiWeekly	Weekly	Monthly	Monthly	BiWeekly						
Harvard Pilgrim HMO	Individual	1,219.00	1,097.10	121.90	N/A	1,036.15	182.85	91.43	975.20	243.80	121.90	60.95	914.25	304.75	152.38	10.0%			
	Family	3,177.00	2,859.30	317.70	N/A	2,700.45	476.55	238.28	2,541.60	635.40	317.70	158.85	2,382.75	794.25	397.13	10.0%			
BC/BS Network Blue NE HMO	Individual	977.00	879.30	97.70	N/A	830.45	146.55	73.28	781.60	195.40	97.70	48.85	732.75	244.25	122.13	10.0%			
	Family	2,630.00	2,367.00	263.00	N/A	2,235.50	394.50	197.25	2,104.00	526.00	263.00	131.50	1,972.50	657.50	328.75	10.0%			
BC/BS Network Blue <u>Select</u> HMO	Individual	910.00	819.00	91.00	N/A	773.50	136.50	68.25	728.00	182.00	91.00	45.50	682.50	227.50	113.75	10.0%			
	Family	2,448.00	2,203.20	244.80	N/A	2,080.80	367.20	183.60	1,958.40	489.60	244.80	122.40	1,836.00	612.00	306.00	10.0%			
Tufts Navigator HMO	Individual	1,290.00	1,161.00	129.00	N/A	1,096.50	193.50	96.75	1,032.00	258.00	129.00	64.50	967.50	322.50	161.25	10.0%			
	Family	3,377.00	3,039.30	337.70	N/A	2,870.45	506.55	253.28	2,701.60	675.40	337.70	168.85	2,532.75	844.25	422.13	10.0%			

* 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%		
			Monthly Premium	Pays		Pays		Pays		Pays		Pays		Pays			Pays		
Monthly	Monthly	BiWeekly		Monthly	Monthly	BiWeekly	Monthly	Monthly	BiWeekly	Weekly	Monthly	Monthly	BiWeekly						
Harvard Pilgrim HMO	Individual	944.00	849.60	94.40	N/A	802.40	141.60	70.80	755.20	188.80	94.40	47.20	708.00	236.00	118.00	10.0%			
	Family	2,463.00	2,216.70	246.30	N/A	2,093.55	369.45	184.73	1,970.40	492.60	246.30	123.15	1,847.25	615.75	307.88	10.0%			
BC/BS Access Blue NE <u>Saver</u> HMO	Individual	823.00	740.70	82.30	N/A	699.55	123.45	61.73	658.40	164.60	82.30	41.15	617.25	205.75	102.88	10.0%			
	Family	2,218.00	1,996.20	221.80	N/A	1,885.30	332.70	166.35	1,774.40	443.60	221.80	110.90	1,663.50	554.50	277.25	10.0%			
BC/BS Network Blue <u>Select</u> HMO	Individual	767.00	690.30	76.70	N/A	651.95	115.05	57.53	613.60	153.40	76.70	38.35	575.25	191.75	95.88	New FY 24			
	Family	2,068.00	1,861.20	206.80	N/A	1,757.80	310.20	155.10	1,654.40	413.60	206.80	103.40	1,551.00	517.00	258.50	New FY 24			
Tufts Navigator HMO	Individual	999.00	899.10	99.90	N/A	849.15	149.85	74.93	799.20	199.80	99.90	49.95	749.25	249.75	124.88	10.0%			
	Family	2,615.00	2,353.50	261.50	N/A	2,222.75	392.25	196.13	2,092.00	523.00	261.50	130.75	1,961.25	653.75	326.88	10.0%			

* New Plan: Provider and Hospital Networks are Limited

PPO INDEMNITY PLANS			50/50		Increase / Decrease Percent	
			Town @ 50%	Employee @ 50%		
Monthly Premium	Pays		Pays			
	Monthly	BiWeekly	Monthly	BiWeekly		
Harvard Pilgrim PPO	Individual	3,026.00	1,513.00	1,513.00	756.50	10.0%
	Family	6,720.00	3,360.00	3,360.00	1,680.00	10.0%