

**TOWN OF DEDHAM
HEALTH INSURANCE RATES
JULY 1, 2019 - JUNE 30, 2020**

BENCHMARK PLANS			90/10			85/15			80/20				75/25		
			Town @ 90%	Employee @ 10%		Town @ 85%	Employee @ 15%		Town @ 80%	Employee @ 20%			Town @ 75%	Employee @ 25%	
		Monthly Premium	Pays Monthly	Pays Monthly	Pays BiWeekly	Pays Monthly	Pays Monthly	Pays BiWeekly	Pays Monthly	Pays Monthly	Pays BiWeekly	Pays Weekly	Pays Monthly	Pays Monthly	Pays BiWeekly
Harvard Pilgrim HMO	Individual	969.00	872.10	96.90	N/A	823.65	145.35	72.68	775.20	193.80	96.90	48.45	726.75	242.25	121.13
	Family	2,524.00	2,271.60	252.40	N/A	2,145.40	378.60	189.30	2,019.20	504.80	252.40	126.20	1,893.00	631.00	315.50
BC/BS Network Blue HMO	Individual	1,029.00	926.10	102.90	N/A	874.65	154.35	77.18	823.20	205.80	102.90	51.45	771.75	257.25	128.63
	Family	2,759.00	2,483.10	275.90	N/A	2,345.15	413.85	206.93	2,207.20	551.80	275.90	137.95	2,069.25	689.75	344.88
Tufts Navigator HMO	Individual	1,035.00	931.50	103.50	N/A	879.75	155.25	77.63	828.00	207.00	103.50	51.75	776.25	258.75	129.38
	Family	2,709.00	2,438.10	270.90	N/A	2,302.65	406.35	203.18	2,167.20	541.80	270.90	135.45	2,031.75	677.25	338.63
Fallon															
SelectCare HMO	Individual	754.00	678.60	75.40	N/A	640.90	113.10	56.55	603.20	150.80	75.40	37.70	565.50	188.50	94.25
	Family	2,032.00	1,828.80	203.20	N/A	1,727.20	304.80	152.40	1,625.60	406.40	203.20	101.60	1,524.00	508.00	254.00
DirectCare HMO	Individual	702.00	631.80	70.20	N/A	596.70	105.30	52.65	561.60	140.40	70.20	35.10	526.50	175.50	87.75
	Family	1,890.00	1,701.00	189.00	N/A	1,606.50	283.50	141.75	1,512.00	378.00	189.00	94.50	1,417.50	472.50	236.25

HSA - QUALIFIED HIGH DEDUCTIBLE HEALTH PLANS			90/10			85/15			80/20				75/25		
			Town @ 90%	Employee @ 10%		Town @ 85%	Employee @ 15%		Town @ 80%	Employee @ 20%			Town @ 75%	Employee @ 25%	
		Monthly Premium	Pays Monthly	Pays Monthly	Pays BiWeekly	Pays Monthly	Pays Monthly	Pays BiWeekly	Pays Monthly	Pays Monthly	Pays BiWeekly	Pays Weekly	Pays Monthly	Pays Monthly	Pays BiWeekly
Harvard Pilgrim HDHP	Individual	750.00	675.00	75.00	N/A	637.50	112.50	56.25	600.00	150.00	75.00	37.50	562.50	187.50	93.75
	Family	1,957.00	1,761.30	195.70	N/A	1,663.45	293.55	146.78	1,565.60	391.40	195.70	97.85	1,467.75	489.25	244.63
BC/BS Network Blue HDHP	Individual	831.00	747.90	83.10	N/A	706.35	124.65	62.33	664.80	166.20	83.10	41.55	623.25	207.75	103.88
	Family	2,231.00	2,007.90	223.10	N/A	1,896.35	334.65	167.33	1,784.80	446.20	223.10	111.55	1,673.25	557.75	278.88
Tufts Navigator HDHP	Individual	801.00	720.90	80.10	N/A	680.85	120.15	60.08	640.80	160.20	80.10	40.05	600.75	200.25	100.13
	Family	2,098.00	1,888.20	209.80	N/A	1,783.30	314.70	157.35	1,678.40	419.60	209.80	104.90	1,573.50	524.50	262.25
Fallon															
SelectCare HDHP	Individual	635.00	571.50	63.50	N/A	539.75	95.25	47.63	508.00	127.00	63.50	31.75	476.25	158.75	79.38
	Family	1,713.00	1,541.70	171.30	N/A	1,456.05	256.95	128.48	1,370.40	342.60	171.30	85.65	1,284.75	428.25	214.13
DirectCare HDHP	Individual	592.00	532.80	59.20	N/A	503.20	88.80	44.40	473.60	118.40	59.20	29.60	444.00	148.00	74.00
	Family	1,595.00	1,435.50	159.50	N/A	1,355.75	239.25	119.63	1,276.00	319.00	159.50	79.75	1,196.25	398.75	199.38