Town of Needham

FY2026 Health Rates for Active Employees Non-Medicare Retirees

Qualified High Deductible Health Plans (HDHP)

Annual Deductible
$2,000 Individual / $4,000 Family

Health Savings Account (HSA) Eligible
Town Contribution to HSA: $1,000 (Ind) / $2,000 (Fam)

Other Information
After deductible is met, all expenses are covered in full (except Rx's, change to co-pay only)

Insurance Carriers		Monthly FULL COST	Town Contribution	Cost per Pay-Period: Monthly (12) Retiree/Emp	Monthly (12) Town	Weekly (52) Employee	Weekly (52) Town	Semi-Monthly (24) Employee	Semi-Monthly (24) Town	Weekly (42) Employee	Weekly (42) Town	Weekly (38) Employee	Weekly (38) Town
Harvard Pilgrim	Indiv.	$ 1,134.00	76.5%	**$ 266.49**	$ 867.51	**$ 61.50**	$ 200.19	**$ 133.25**	$ 433.76	**$ 76.14**	$ 247.86	**$ 84.15**	$ 273.95
	Fam	$ 2,960.00	69.0%	**$ 917.60**	$ 2,042.40	**$ 211.75**	$ 471.32	**$ 458.80**	$ 1,021.20	**$ 262.17**	$ 583.54	**$ 289.77**	$ 644.97
Blue Cross / Blue Shield	Indiv.	$ 923.00	74.4%	**$ 236.29**	$ 686.71	**$ 54.53**	$ 158.47	**$ 118.14**	$ 343.36	**$ 67.51**	$ 196.20	**$ 74.62**	$ 216.86
	Fam	$ 2,487.00	66.0%	**$ 845.58**	$ 1,641.42	**$ 195.13**	$ 378.79	**$ 422.79**	$ 820.71	**$ 241.59**	$ 468.98	**$ 267.03**	$ 518.34
Blue Cross / Blue Shield SELECT *(Limited Network)*	Indiv.	$ 860.00	74.4%	**$ 220.16**	$ 639.84	**$ 50.81**	$ 147.66	**$ 110.08**	$ 319.92	**$ 62.90**	$ 182.81	**$ 69.52**	$ 202.05
	Fam	$ 2,319.00	66.0%	**$ 788.46**	$ 1,530.54	**$ 181.95**	$ 353.20	**$ 394.23**	$ 765.27	**$ 225.27**	$ 437.30	**$ 248.99**	$ 483.33

Benchmark Plans

Annual Deductible
$300 Individual / $900 ($300 per person) Family

Flexible Spending Account (FSA) Eligible
Medical Care and Dependent Care Accounts (No Employer contribution)

Other Information
Combination of Co-Pays and Full-Costs w/Deductible. After Deductibe is met, all services will be charged at co-pay amount.

Insurance Carriers		Monthly FULL COST	Town Contribution	Cost per Pay-Period: Monthly (12) Retiree/Emp	Monthly (12) Town	Weekly (52) Employee	Weekly (52) Town	Semi-Monthly (24) Employee	Semi-Monthly (24) Town	Weekly (42) Employee	Weekly (42) Town	Weekly (38) Employee	Weekly (38) Town
Harvard Pilgrim	Indiv.	$ 1,422.00	76.5%	**$ 334.17**	$ 1,087.83	**$ 77.12**	$ 251.04	**$ 167.09**	$ 543.92	**$ 95.48**	$ 310.81	**$ 105.53**	$ 343.53
	Fam	$ 3,707.00	69.0%	**$ 1,149.17**	$ 2,557.83	**$ 265.19**	$ 590.27	**$ 574.59**	$ 1,278.92	**$ 328.33**	$ 730.81	**$ 362.90**	$ 807.74
Blue Cross / Blue Shield	Indiv.	$ 1,095.00	74.4%	**$ 280.32**	$ 814.68	**$ 64.69**	$ 188.00	**$ 140.16**	$ 407.34	**$ 80.09**	$ 232.77	**$ 88.52**	$ 257.27
	Fam	$ 2,949.00	66.0%	**$ 1,002.66**	$ 1,946.34	**$ 231.38**	$ 449.16	**$ 501.33**	$ 973.17	**$ 286.47**	$ 556.10	**$ 316.63**	$ 614.63
Blue Cross / Blue Shield SELECT *(Limited Network)*	Indiv.	$ 1,020.00	74.4%	**$ 261.12**	$ 758.88	**$ 60.26**	$ 175.13	**$ 130.56**	$ 379.44	**$ 74.61**	$ 216.82	**$ 82.46**	$ 239.65
	Fam	$ 2,744.00	66.0%	**$ 932.96**	$ 1,811.04	**$ 215.30**	$ 417.93	**$ 466.48**	$ 905.52	**$ 266.56**	$ 517.44	**$ 294.62**	$ 571.91

PPO Plan

Insurance Carrier		FULL COST	Twn Contr.	Retiree/Emp	Town	Employee	Town	Employee	Town	Employee	Town	Employee	Town
Harvard Pilgrim	Ind	$ 3,531.00	50%	**$ 1,765.50**	$ 1,765.50	**$ 407.42**	$ 407.42	**$ 882.75**	$ 882.75	**$ 504.43**	$ 504.43	**$ 557.53**	$ 557.53
	Fam	$ 7,841.00	50%	**$ 3,920.50**	$ 3,920.50	**$ 904.73**	$ 904.73	**$ 1,960.25**	$ 1,960.25	**$ 1,120.14**	$ 1,120.14	**$ 1,238.05**	$ 1,238.05