Town of Needham FY26 Voluntary Benefit Rates

Insurance Carriers		Monthly FULL COST	Town Contribution	Cost per Pay-Period: Monthly (12) Retiree/Emp	Town	Weekly (52) Employee	Town	Semi-Monthly (24) Employee	Town	Weekly (42) Employee	Town	Weekly (38) Employee	Town
Dental Plan: Delta Dental													
Carrier / Plan Type		**FULL COST**	**Twn Contr.**	**Retiree/Emp**	**Town**	**Employee**	**Town**	**Employee**	**Town**	**Employee**	**Town**	**Employee**	**Town**
Low Plan	Ind	$ 31.63	0%	$ 31.63	$ -	$ 7.30	$ -	$ 15.82	$ -	$ 9.04	$ -	$ 9.99	$ -
	Fam	$ 84.70	0%	$ 84.70	$ -	$ 19.55	$ -	$ 42.35	$ -	$ 24.20	$ -	$ 26.75	$ -
High Plan	Ind	$ 56.06	0%	$ 56.06	$ -	$ 12.94	$ -	$ 28.03	$ -	$ 16.02	$ -	$ 17.70	$ -
	Fam	$ 150.09	0%	$ 150.09	$ -	$ 34.64	$ -	$ 75.05	$ -	$ 42.88	$ -	$ 47.40	$ -
Vision Plan: EyeMed													
Plan Type		**FULL COST**	**Twn Contr.**	**Retiree/Emp**	**Town**	**Employee**	**Town**	**Employee**	**Town**	**Employee**	**Town**	**Employee**	**Town**
Individual		$ 7.34	0%	$ 7.34	$ -	$ 1.69	$ -	$ 3.67	$ -	$ 2.10	$ -	$ 2.32	$ -
Subscriber + Spouse		$ 13.96	0%	$ 13.96	$ -	$ 3.22	$ -	$ 6.98	$ -	$ 3.99	$ -	$ 4.41	$ -
Subscriber + Child(ren)		$ 14.69	0%	$ 14.69	$ -	$ 3.39	$ -	$ 7.35	$ -	$ 4.20	$ -	$ 4.64	$ -
Family		$ 21.60	0%	$ 21.60	$ -	$ 4.98	$ -	$ 10.80	$ -	$ 6.17	$ -	$ 6.82	$ -
Group Life Insurance: Boston Mutual													
Plan Type		**FULL COST**	**Twn Contr.**	**Retiree**	**Town**	**Employee**	**Town**	**Employee**	**Town**	**Employee**	**Town**	**Employee**	**Town**
Basic Life	Employee ($5k)	$ 8.20	50%	$ 4.10	$ 4.10	$ 0.95	$ 0.95	$ 2.05	$ 2.05	$ 1.17	$ 1.17	$ 1.30	$ 1.30
Insuranc	Retiree ($2k)	$ 3.28	50%	$ 1.64	$ 1.64								