Town of Needham FY2019 Rates for Employees/Non-Medicare Retirees

Qualified High Deductible Health Plans		Monthly FULL COST	Town Contribution	Monthly (12)		Weekly (52)		Semi-Monthly (24)		Weekly (42)		Weekly (38)	
				Retiree	Town	Employee	Town	Employee	Town	Employee	Town	Employee	Town
Fallon Select	Ind	$ 596.00	76.5%	$ 140.06	$ 455.94	$ 32.32	$ 105.22	$ 70.03	$ 227.97	$ 40.02	$ 130.27	$ 44.23	$ 143.98
	Fam	$ 1,608.00	69.0%	$ 498.48	$ 1,109.52	$ 115.03	$ 256.04	$ 249.24	$ 554.76	$ 142.42	$ 317.01	$ 157.41	$ 350.37
Fallon Direct	Ind	$ 556.00	76.5%	$ 130.66	$ 425.34	$ 30.15	$ 98.16	$ 65.33	$ 212.67	$ 37.33	$ 121.53	$ 41.26	$ 134.32
	Fam	$ 1,498.00	69.0%	$ 464.38	$ 1,033.62	$ 107.16	$ 238.53	$ 232.19	$ 516.81	$ 132.68	$ 295.32	$ 146.65	$ 326.41
HPHC	Ind	$ 698.00	76.5%	$ 164.03	$ 533.97	$ 37.85	$ 123.22	$ 82.02	$ 266.99	$ 46.87	$ 152.56	$ 51.80	$ 168.62
	Fam	$ 1,820.00	69.0%	$ 564.20	$ 1,255.80	$ 130.20	$ 289.80	$ 282.10	$ 627.90	$ 161.20	$ 358.80	$ 178.17	$ 396.57
BCBS	Ind	$ 807.00	74.4%	$ 206.59	$ 600.41	$ 47.68	$ 138.56	$ 103.30	$ 300.20	$ 59.03	$ 171.55	$ 65.24	$ 189.60
	Fam	$ 2,166.00	66.0%	$ 736.44	$ 1,429.56	$ 169.95	$ 329.90	$ 368.22	$ 714.78	$ 210.41	$ 408.45	$ 232.56	$ 451.44
Tufts	Ind	$ 745.00	74.6%	$ 189.23	$ 555.77	$ 43.67	$ 128.25	$ 94.62	$ 277.89	$ 54.07	$ 158.79	$ 59.76	$ 175.51
	Fam	$ 1,952.00	63.8%	$ 706.62	$ 1,245.38	$ 163.07	$ 287.39	$ 353.31	$ 622.69	$ 201.89	$ 355.82	$ 223.14	$ 393.28
Benchmark Plans		**Monthly FULL COST**	**Town Contribution**	**Monthly (12)**		**Weekly (52)**		**Semi-Monthly (24)**		**Weekly (42)**		**Weekly (38)**	
				Retiree	Town	Employee	Town	Employee	Town	Employee	Town	Employee	Town
Fallon Select	Ind	$ 695.00	76.5%	$ 163.33	$ 531.68	$ 37.69	$ 122.69	$ 81.66	$ 265.84	$ 46.66	$ 151.91	$ 51.58	$ 167.90
	Fam	$ 1,873.00	69.0%	$ 580.63	$ 1,292.37	$ 133.99	$ 298.24	$ 290.32	$ 646.19	$ 165.89	$ 369.25	$ 183.36	$ 408.12
Fallon Direct	Ind	$ 647.00	76.5%	$ 152.05	$ 494.96	$ 35.09	$ 114.22	$ 76.02	$ 247.48	$ 43.44	$ 141.42	$ 48.01	$ 156.30
	Fam	$ 1,742.00	69.0%	$ 540.02	$ 1,201.98	$ 124.62	$ 277.38	$ 270.01	$ 600.99	$ 154.29	$ 343.42	$ 170.53	$ 379.57
HPHC	Ind	$ 885.00	76.5%	$ 207.98	$ 677.03	$ 47.99	$ 156.24	$ 103.99	$ 338.51	$ 59.42	$ 193.44	$ 65.68	$ 213.80
	Fam	$ 2,305.00	69.0%	$ 714.55	$ 1,590.45	$ 164.90	$ 367.03	$ 357.28	$ 795.23	$ 204.16	$ 454.41	$ 225.65	$ 502.25
BCBS	Ind	$ 980.00	74.4%	$ 250.88	$ 729.12	$ 57.90	$ 168.26	$ 125.44	$ 364.56	$ 71.68	$ 208.32	$ 79.23	$ 230.25
	Fam	$ 2,628.00	66.0%	$ 893.52	$ 1,734.48	$ 206.20	$ 400.26	$ 446.76	$ 867.24	$ 255.29	$ 495.57	$ 282.16	$ 547.73
Tufts	Ind	$ 945.00	74.6%	$ 240.03	$ 704.97	$ 55.39	$ 162.69	$ 120.02	$ 352.49	$ 68.58	$ 201.42	$ 75.80	$ 222.62
	Fam	$ 2,474.00	63.8%	$ 895.59	$ 1,578.41	$ 206.67	$ 364.25	$ 447.79	$ 789.21	$ 255.88	$ 450.97	$ 282.82	$ 498.45
PPO Plans		**FULL COST**	**Twn Contr.**	**Retiree**	**Town**	**Employee**	**Town**	**Employee**	**Town**	**Employee**	**Town**	**Employee**	**Town**
HPHC	Ind	$ 2,612.00	50%	$ 1,306.00	$ 1,306.00	$ 301.38	$ 301.38	$ 653.00	$ 653.00	$ 373.14	$ 373.14	$ 412.42	$ 412.42
	Fam	$ 5,800.00	50%	$ 2,900.00	$ 2,900.00	$ 669.23	$ 669.23	$ 1,450.00	$ 1,450.00	$ 828.57	$ 828.57	$ 915.79	$ 915.79
Dental		**FULL COST**	**Twn Contr.**	**Employee**	**Town**	**Employee**	**Town**	**Employee**	**Town**	**Employee**	**Town**	**Employee**	**Town**
Delta Premier	Ind	$ 32.00	0%	$ 32.00	$ -	$ 7.38	$ -	$ 16.00	$ -	$ 9.14	$ -	$ 10.11	$ -
	Fam	$ 79.00	0%	$ 79.00	$ -	$ 18.23	$ -	$ 39.50	$ -	$ 22.57	$ -	$ 24.95	$ -
Delta Premier Enhanced	Ind	$ 39.00	0%	$ 39.00	$ -	$ 9.00	$ -	$ 19.50	$ -	$ 11.14	$ -	$ 12.32	$ -
	Fam	$ 97.00	0%	$ 97.00	$ -	$ 22.38	$ -	$ 48.50	$ -	$ 27.71	$ -	$ 30.63	$ -
Delta Admin Fee	Both	$ 0.17	0%	$ 0.17	$ -	$ 0.04	$ -	$ 0.09	$ -	$ 0.05	$ -	$ 0.05	$ -
Basic Life Insurance		**FULL COST**	**Twn Contr.**	**Retiree**	**Town**	**Employee**	**Town**	**Employee**	**Town**	**Employee**	**Town**	**Employee**	**Town**
Boston Mutual	Employee ($5k)	$ 8.20	50%			$ 0.95	$ 0.95	$ 2.05	$ 2.05	$ 1.17	$ 1.17	$ 1.30	$ 1.30
	Retiree ($2k)	$ 3.28	50%	$ 1.64	$ 1.64								