Town of Needham FY23 Voluntary Benefit Rates

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
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	$ 29.56	0%	$ 29.56	$ -	$ 6.82	$ -	$ 14.78	$ -	$ 8.45	$ -	$ 9.33	$ -
	Fam	$ 79.16	0%	$ 79.16	$ -	$ 18.27	$ -	$ 39.58	$ -	$ 22.62	$ -	$ 25.00	$ -
High Plan	Ind	$ 52.39	0%	$ 52.39	$ -	$ 12.09	$ -	$ 26.20	$ -	$ 14.97	$ -	$ 16.54	$ -
	Fam	$ 140.27	0%	$ 140.27	$ -	$ 32.37	$ -	$ 70.14	$ -	$ 40.08	$ -	$ 44.30	$ -
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
Insurance	Retiree ($2k)	$ 3.28	50%	$ 1.64	$ 1.64								