Town of Needham FY2020 Rates for Employees/Non-Medicare Retirees

Qualified High Deductible (HDHP)		Monthly FULL COST	Town Contribution	Monthly (12)		Weekly (52)		Semi-Monthly (24)		Weekly (42)		Weekly (38)	
				Retiree/Emp	Town	Employee	Town	Employee	Town	Employee	Town	Employee	Town
Fallon SelectCare	Ind	$ 635.00	76.5%	$ 149.23	$ 485.78	$ 34.44	$ 112.10	$ 74.61	$ 242.89	$ 42.64	$ 138.79	$ 47.12	$ 153.40
	Fam	$ 1,713.00	69.0%	$ 531.03	$ 1,181.97	$ 122.55	$ 272.76	$ 265.52	$ 590.99	$ 151.72	$ 337.71	$ 167.69	$ 373.25
Fallon DirectCare	Ind	$ 592.00	76.5%	$ 139.12	$ 452.88	$ 32.10	$ 104.51	$ 69.56	$ 226.44	$ 39.75	$ 129.39	$ 43.93	$ 143.01
	Fam	$ 1,595.00	69.0%	$ 494.45	$ 1,100.55	$ 114.10	$ 253.97	$ 247.23	$ 550.28	$ 141.27	$ 314.44	$ 156.14	$ 347.54
Harvard Pilgrim	Ind	$ 750.00	76.5%	$ 176.25	$ 573.75	$ 40.67	$ 132.40	$ 88.13	$ 286.88	$ 50.36	$ 163.93	$ 55.66	$ 181.18
	Fam	$ 1,957.00	69.0%	$ 606.67	$ 1,350.33	$ 140.00	$ 311.61	$ 303.34	$ 675.17	$ 173.33	$ 385.81	$ 191.58	$ 426.42
Blue Cross Blue Shield	Ind	$ 831.00	74.4%	$ 212.74	$ 618.26	$ 49.09	$ 142.68	$ 106.37	$ 309.13	$ 60.78	$ 176.65	$ 67.18	$ 195.24
	Fam	$ 2,231.00	66.0%	$ 758.54	$ 1,472.46	$ 175.05	$ 339.80	$ 379.27	$ 736.23	$ 216.73	$ 420.70	$ 239.54	$ 464.99
Tufts	Ind	$ 801.00	74.6%	$ 203.45	$ 597.55	$ 46.95	$ 137.90	$ 101.73	$ 298.77	$ 58.13	$ 170.73	$ 64.25	$ 188.70
	Fam	$ 2,098.00	63.8%	$ 759.48	$ 1,338.52	$ 175.26	$ 308.89	$ 379.74	$ 669.26	$ 216.99	$ 382.44	$ 239.83	$ 422.69
Benchmark		Monthly FULL COST	Town Contribution	Monthly (12)		Weekly (52)		Semi-Monthly (24)		Weekly (42)		Weekly (38)	
				Retiree/Emp	Town	Employee	Town	Employee	Town	Employee	Town	Employee	Town
Fallon SelectCare	Ind	$ 754.00	76.5%	$ 177.19	$ 576.81	$ 40.89	$ 133.11	$ 88.60	$ 288.41	$ 50.63	$ 164.80	$ 55.95	$ 182.15
	Fam	$ 2,032.00	69.0%	$ 629.92	$ 1,402.08	$ 145.37	$ 323.56	$ 314.96	$ 701.04	$ 179.98	$ 400.59	$ 198.92	$ 442.76
Fallon DirectCare	Ind	$ 702.00	76.5%	$ 164.97	$ 537.03	$ 38.07	$ 123.93	$ 82.49	$ 268.52	$ 47.13	$ 153.44	$ 52.10	$ 169.59
	Fam	$ 1,890.00	69.0%	$ 585.90	$ 1,304.10	$ 135.21	$ 300.95	$ 292.95	$ 652.05	$ 167.40	$ 372.60	$ 185.02	$ 411.82
Harvard Pilgrim	Ind	$ 969.00	76.5%	$ 227.72	$ 741.29	$ 52.55	$ 171.07	$ 113.86	$ 370.64	$ 65.06	$ 211.80	$ 71.91	$ 234.09
	Fam	$ 2,524.00	69.0%	$ 782.44	$ 1,741.56	$ 180.56	$ 401.90	$ 391.22	$ 870.78	$ 223.55	$ 497.59	$ 247.09	$ 549.97
Blue Cross Blue Shield	Ind	$ 1,029.00	74.4%	$ 263.42	$ 765.58	$ 60.79	$ 176.67	$ 131.71	$ 382.79	$ 75.26	$ 218.74	$ 83.19	$ 241.76
	Fam	$ 2,759.00	66.0%	$ 938.06	$ 1,820.94	$ 216.48	$ 420.22	$ 469.03	$ 910.47	$ 268.02	$ 520.27	$ 296.23	$ 575.03
Tufts	Ind	$ 1,035.00	74.6%	$ 262.89	$ 772.11	$ 60.67	$ 178.18	$ 131.45	$ 386.06	$ 75.11	$ 220.60	$ 83.02	$ 243.82
	Fam	$ 2,709.00	63.8%	$ 980.66	$ 1,728.34	$ 226.31	$ 398.85	$ 490.33	$ 864.17	$ 280.19	$ 493.81	$ 309.68	$ 545.79
PPO Plans		FULL COST	Twn Contr.	Retiree/Emp	Town	Employee	Town	Employee	Town	Employee	Town	Employee	Town
Harvard Pilgrim	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.	Retiree/Emp	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								