

Town of Needham FY25 Voluntary Benefit Rates

Insurance Carriers				Cost per Pay-Period									
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	
Dental Plan: Delta Dental													
Carrier / Plan Type		FULL COST	Twtn 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	\$ 150.08	0%	\$ 150.09	\$ -	\$ 34.63	\$ -	\$ 75.04	\$ -	\$ 42.88	\$ -	\$ 47.39	\$ -
Vision Plan: EyeMed													
Plan Type		FULL COST	Twtn 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	Twtn Contr.	Retiree	Town	Employee	Town	Employee	Town	Employee	Town	Employee	Town
Basic Life Insurance	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
	Retiree (\$2k)	\$ 3.28	50%	\$ 1.64	\$ 1.64								