Town of Needham FY2021 Rates for Employees/Non-Medicare Retirees

Qualified High Deductible (HDHP)		Monthly FULL COST	Town Contribution	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
Fallon SelectCare	Ind	$ 665.00	76.5%	$156.28	$ 508.73	$ 36.06	$ 117.40	$ 78.14	$ 254.36	$ 44.65	$ 145.35	$ 49.35	$ 160.65
	Fam	$ 1,795.00	69.0%	$ 531.03	$ 1,238.55	$ 128.41	$ 285.82	$ 278.23	$ 619.28	$ 158.99	$ 353.87	$ 175.72	$ 391.12
Fallon DirectCare	Ind	$ 620.00	76.5%	$ 145.70	$ 474.30	$ 33.62	$ 109.45	$ 72.85	$ 237.15	$ 41.63	$ 135.51	$ 46.01	$ 149.78
	Fam	$ 1,671.00	69.0%	$ 518.01	$ 1,152.99	$ 119.54	$ 266.07	$ 259.01	$ 576.50	$ 148.00	$ 329.43	$ 163.58	$ 364.10
Harvard Pilgrim	Ind	$ 797.00	76.5%	$ 187.30	$ 609.71	$ 43.22	$ 140.70	$ 93.65	$ 304.85	$ 53.51	$ 174.20	$ 59.15	$ 192.54
	Fam	$ 2,080.00	69.0%	$ 644.80	$ 1,435.20	$ 148.80	$ 331.20	$ 322.40	$ 717.60	$ 184.23	$ 410.06	$ 203.62	$ 453.22
Blue Cross Blue Shield	Ind	$ 862.00	74.4%	$ 220.67	$ 641.33	$ 50.92	$ 148.00	$ 110.34	$ 320.66	$ 63.05	$ 183.24	$ 69.69	$ 202.52
	Fam	$ 2,315.00	66.0%	$ 787.10	$ 1,527.90	$ 181.64	$ 352.59	$ 393.55	$ 763.95	$ 224.89	$ 436.54	$ 248.56	$ 482.49
Tufts	Ind	$ 839.00	74.6%	$ 213.11	$ 625.89	$ 49.18	$ 144.44	$ 106.55	$ 312.95	$ 60.89	$ 178.83	$ 67.30	$ 197.65
	Fam	$ 2,198.00	63.8%	$ 795.68	$ 1,402.32	$ 183.62	$ 323.61	$ 397.84	$ 701.16	$ 227.34	$ 400.66	$ 251.27	$ 442.84
Benchmark		**Monthly FULL COST**	**Town Contribution**	**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**
Fallon SelectCare	Ind	$ 790.00	76.5%	$ 185.65	$ 604.35	$ 42.84	$ 139.47	$ 92.83	$ 302.18	$ 53.04	$ 172.67	$ 58.63	$ 190.85
	Fam	$ 2,129.00	69.0%	$ 659.99	$ 1,469.01	$ 152.31	$ 339.00	$ 330.00	$ 734.51	$ 188.57	$ 419.72	$ 208.42	$ 463.90
Fallon DirectCare	Ind	$ 736.00	76.5%	$ 172.96	$ 563.04	$ 39.91	$ 129.93	$ 86.48	$ 281.52	$ 49.42	$ 160.87	$ 54.62	$ 177.80
	Fam	$ 1,980.00	69.0%	$ 613.80	$ 1,366.20	$ 141.65	$ 315.28	$ 306.90	$ 683.10	$ 175.37	$ 390.34	$ 193.83	$ 431.43
Harvard Pilgrim	Ind	$ 1,030.00	76.5%	$ 242.05	$ 787.95	$ 55.86	$ 181.83	$ 121.03	$ 393.98	$ 69.16	$ 225.13	$ 76.44	$ 248.83
	Fam	$ 2,683.00	69.0%	$ 831.73	$ 1,851.27	$ 191.94	$ 427.22	$ 415.87	$ 925.64	$ 237.64	$ 528.93	$ 262.65	$ 584.61
Blue Cross Blue Shield	Ind	$ 1,068.00	74.4%	$ 273.41	$ 794.59	$ 63.09	$ 183.37	$ 136.70	$ 397.30	$ 78.12	$ 227.03	$ 86.34	$ 250.92
	Fam	$ 2,863.00	66.0%	$ 973.42	$ 1,889.58	$ 224.64	$ 436.06	$ 486.71	$ 944.79	$ 278.12	$ 539.88	$ 307.40	$ 596.71
Tufts	Ind	$ 1,084.00	74.6%	$ 275.34	$ 808.66	$ 63.54	$ 186.61	$ 137.67	$ 404.33	$ 78.67	$ 231.05	$ 86.95	$ 255.37
	Fam	$ 2,838.00	63.8%	$ 1,027.36	$ 1,810.64	$ 237.08	$ 417.84	$ 513.68	$ 905.32	$ 293.53	$ 517.33	$ 324.43	$ 571.78
PPO Plans		**FULL COST**	**Twn Contr.**	**Retiree/Emp**	**Town**	**Employee**	**Town**	**Employee**	**Town**	**Employee**	**Town**	**Employee**	**Town**
Harvard Pilgrim	Ind	$ 2,658.00	50%	$ 1,329.00	$ 1,329.00	$ 306.69	$ 306.69	$ 664.50	$ 664.50	$ 379.71	$ 379.71	$ 419.68	$ 419.68
	Fam	$ 5,902.00	50%	$ 2,951.00	$ 2,951.00	$ 681.00	$ 681.00	$ 1,475.50	$ 1,475.50	$ 843.14	$ 843.14	$ 931.89	$ 931.89
Dental		**FULL COST**	**Twn Contr.**	**Retiree/Emp**	**Town**	**Employee**	**Town**	**Employee**	**Town**	**Employee**	**Town**	**Employee**	**Town**
Delta Low	Ind	$ 27.89	0%	$ 27.89	$ -	$ 6.44	$ -	$ 13.95	$ -	$ 8.81	$ -	$ 7.97	$ -
	Fam	$ 74.68	0%	$ 74.68	$ -	$ 17.23	$ -	$ 37.34	$ -	$ 23.58	$ -	$ 21.34	$ -
Delta High	Ind	$ 49.42	0%	$ 49.42	$ -	$ 11.40	$ -	$ 24.71	$ -	$ 15.61	$ -	$ 14.12	$ -
	Fam	$ 132.33	0%	$ 132.33	$ -	$ 30.54	$ -	$ 66.17	$ -	$ 41.79	$ -	$ 37.81	$ -
Delta Admin Fee	Both	$ 0.17	0%	$ 0.17	$ -	$ 0.04	$ -	$ 0.09	$ -	$ 0.05	$ -	$ 0.05	$ -
Vision		**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	$ -	$ 2.32	$ -	$ 2.10	$ -
Subscriber +Spouse		$ 13.96	0%	$ 13.96	$ -	$ 3.22	$ -	$ 6.98	$ -	$ 4.41	$ -	$ 3.99	$ -
Subscriber + Child(ren)		$ 14.69	0%	$ 14.69	$ -	$ 3.39	$ -	$ 7.35	$ -	$ 4.64	$ -	$ 4.20	$ -
Family		$ 21.60	0%	$ 21.60	$ -	$ 4.98	$ -	$ 10.80	$ -	$ 6.82	$ -	$ 6.17	$ -
Basic Life Insurance		**FULL COST**	**Twn Contr.**	**Retiree**	**Town**	**Employee**	**Town**	**Employee**	**Town**	**Employee**	**Town**	**Employee**	**Town**
Boston Mutual	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								