Town of Needham FY2022 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	$ 688.00	76.5%	$ 161.68	$ 526.32	$ 37.31	$ 121.46	$ 80.84	$ 263.16	$ 46.19	$ 150.38	$ 51.06	$ 166.21
	Fam	$ 1,855.00	69.0%	$ 575.05	$ 1,279.95	$ 132.70	$ 295.37	$ 287.53	$ 639.98	$ 164.30	$ 365.70	$ 181.59	$ 404.19
Fallon DirectCare	Ind	$ 641.00	76.5%	$ 150.64	$ 490.37	$ 34.76	$ 113.16	$ 75.32	$ 245.18	$ 43.04	$ 140.10	$ 47.57	$ 154.85
	Fam	$ 1,730.00	69.0%	$ 536.30	$ 1,193.70	$ 123.76	$ 275.47	$ 268.15	$ 596.85	$ 153.23	$ 341.06	$ 169.36	$ 376.96
Harvard Pilgrim	Ind	$ 829.00	76.5%	$ 194.82	$ 634.19	$ 44.96	$ 146.35	$ 97.41	$ 317.09	$ 55.66	$ 181.20	$ 61.52	$ 200.27
	Fam	$ 2,163.00	69.0%	$ 670.53	$ 1,492.47	$ 154.74	$ 344.42	$ 335.27	$ 746.24	$ 191.58	$ 426.42	$ 211.75	$ 471.31
Blue Cross Blue Shield	Ind	$ 868.00	74.4%	$ 222.21	$ 645.79	$ 51.28	$ 149.03	$ 111.10	$ 322.90	$ 63.49	$ 184.51	$ 70.17	$ 203.93
	Fam	$ 2,331.00	66.0%	$ 792.54	$ 1,538.46	$ 182.89	$ 355.03	$ 396.27	$ 769.23	$ 226.44	$ 439.56	$ 250.28	$ 485.83
Tufts	Ind	$ 877.00	74.6%	$ 222.76	$ 654.24	$ 51.41	$ 150.98	$ 111.38	$ 327.12	$ 63.65	$ 186.93	$ 70.34	$ 206.60
	Fam	$ 2,297.00	63.8%	$ 831.51	$ 1,465.49	$ 191.89	$ 338.19	$ 415.76	$ 732.74	$ 237.58	$ 418.71	$ 262.58	$ 462.79
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	$ 817.00	76.5%	$ 192.00	$ 625.01	$ 44.31	$ 144.23	$ 96.00	$ 312.50	$ 54.86	$ 178.57	$ 60.63	$ 197.37
	Fam	$ 2,200.00	69.0%	$ 682.00	$ 1,518.00	$ 157.38	$ 350.31	$ 341.00	$ 759.00	$ 194.86	$ 433.71	$ 215.37	$ 479.37
Fallon DirectCare	Ind	$ 761.00	76.5%	$ 178.84	$ 582.17	$ 41.27	$ 134.35	$ 89.42	$ 291.08	$ 51.10	$ 166.33	$ 56.47	$ 183.84
	Fam	$ 2,047.00	69.0%	$ 634.57	$ 1,412.43	$ 146.44	$ 325.95	$ 317.29	$ 706.22	$ 181.31	$ 403.55	$ 200.39	$ 446.03
Harvard Pilgrim	Ind	$ 1,071.00	76.5%	$ 251.69	$ 819.32	$ 58.08	$ 189.07	$ 125.84	$ 409.66	$ 71.91	$ 234.09	$ 79.48	$ 258.73
	Fam	$ 2,790.00	69.0%	$ 864.90	$ 1,925.10	$ 199.59	$ 444.25	$ 432.45	$ 962.55	$ 247.11	$ 550.03	$ 273.13	$ 607.93
Blue Cross Blue Shield	Ind	$ 1,075.00	74.4%	$ 275.20	$ 799.80	$ 63.51	$ 184.57	$ 137.60	$ 399.90	$ 78.63	$ 228.51	$ 86.91	$ 252.57
	Fam	$ 2,883.00	66.0%	$ 980.22	$ 1,902.78	$ 226.20	$ 439.10	$ 490.11	$ 951.39	$ 280.06	$ 543.65	$ 309.54	$ 600.88
Tufts	Ind	$ 1,133.00	74.6%	$ 287.78	$ 845.22	$ 66.41	$ 195.05	$ 143.89	$ 422.61	$ 82.22	$ 241.49	$ 262.58	$ 462.79
	Fam	$ 2,966.00	63.8%	$ 1,073.69	$ 1,892.31	$ 247.78	$ 436.69	$ 536.85	$ 946.15	$ 306.77	$ 540.66	$ 90.88	$ 266.91
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.**	**Employee**	**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	$ -
Admin Fee	Both	$ 0.17	0%	$ 0.17	$ -	$ 0.04	$ -	$ 0.09	$ -	$ 0.05	$ -	$ 0.05	$ -
Vision		**FULL COST**	**Twn Contr.**	**Employee**	**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	Emp ($5k)	$ 8.20	50%	$ 4.10	$ 4.10	$ 0.95	$ 0.95	$ 2.05	$ 2.05	$ 1.17	$ 1.17	$ 1.30	$ 1.30
	Ret($2k)	$ 3.28	50%	$ 1.64	$ 1.64								