

Town of Needham
FY2024 Health Rates for Active Employees Non-Medicare Retirees

Qualified High Deductible Health Plans (HDHP)													
Insurance Carriers		Monthly FULL COST	Town Contribution	Monthly (12)		Weekly (52)		Cost per Pay-Period Semi-Monthly (24)		Weekly (42)		Weekly (38)	
				Retiree/Emp	Town	Employee	Town	Employee	Town	Employee	Town	Employee	Town
Harvard Pilgrim	Indiv.	\$ 944.00	76.5%	\$ 221.84	\$ 722.16	\$ 51.19	\$ 166.65	\$ 110.92	\$ 361.08	\$ 63.38	\$ 206.33	\$ 70.05	\$ 228.05
	Fam	\$ 2,463.00	69.0%	\$ 763.53	\$ 1,699.47	\$ 176.20	\$ 392.19	\$ 381.77	\$ 849.74	\$ 218.15	\$ 485.56	\$ 241.11	\$ 536.67
Blue Cross / Blue Shield	Indiv.	\$ 823.00	74.4%	\$ 210.69	\$ 612.31	\$ 48.62	\$ 141.30	\$ 105.34	\$ 306.16	\$ 60.20	\$ 174.95	\$ 66.53	\$ 193.36
	Fam	\$ 2,218.00	66.0%	\$ 754.12	\$ 1,463.88	\$ 174.03	\$ 337.82	\$ 377.06	\$ 731.94	\$ 215.46	\$ 418.25	\$ 238.14	\$ 462.28
Blue Cross / Blue Shield SELECT <i>(Limited Network)</i>	Indiv.	\$ 767.00	74.4%	\$ 196.35	\$ 570.65	\$ 45.37	\$ 131.69	\$ 98.18	\$ 285.32	\$ 56.10	\$ 163.04	\$ 62.01	\$ 180.20
	Fam	\$ 2,068.00	66.0%	\$ 703.12	\$ 1,364.88	\$ 162.26	\$ 314.94	\$ 351.56	\$ 682.44	\$ 200.89	\$ 389.97	\$ 222.04	\$ 431.01
Tufts	Indiv.	\$ 999.00	74.6%	\$ 253.75	\$ 745.25	\$ 58.56	\$ 171.98	\$ 126.87	\$ 372.63	\$ 72.50	\$ 193.53	\$ 80.13	\$ 235.34
	Fam	\$ 2,615.00	63.8%	\$ 946.63	\$ 1,668.37	\$ 218.45	\$ 385.01	\$ 473.32	\$ 834.19	\$ 270.47	\$ 476.68	\$ 298.94	\$ 526.85
Benchmark Plans													
Insurance Carriers		Monthly FULL COST	Town Contribution	Monthly (12)		Weekly (52)		Cost per Pay-Period Semi-Monthly (24)		Weekly (42)		Weekly (38)	
				Retiree/Emp	Town	Employee	Town	Employee	Town	Employee	Town	Employee	Town
Harvard Pilgrim	Indiv.	\$ 1,219.00	76.5%	\$ 286.47	\$ 932.54	\$ 66.11	\$ 215.20	\$ 143.23	\$ 466.27	\$ 81.85	\$ 266.44	\$ 90.46	\$ 294.48
	Fam	\$ 3,177.00	69.0%	\$ 984.87	\$ 2,192.13	\$ 227.28	\$ 505.88	\$ 492.44	\$ 1,096.07	\$ 281.39	\$ 626.32	\$ 311.01	\$ 692.25
Blue Cross / Blue Shield	Indiv.	\$ 977.00	74.4%	\$ 250.11	\$ 726.89	\$ 57.72	\$ 167.74	\$ 125.06	\$ 363.44	\$ 71.46	\$ 207.68	\$ 78.98	\$ 229.54
	Fam	\$ 2,630.00	66.0%	\$ 894.20	\$ 1,735.80	\$ 206.35	\$ 400.57	\$ 447.10	\$ 867.90	\$ 255.49	\$ 495.94	\$ 282.38	\$ 548.15
Blue Cross / Blue Shield SELECT <i>(Limited Network)</i>	Indiv.	\$ 910.00	74.4%	\$ 232.96	\$ 677.04	\$ 53.76	\$ 156.24	\$ 116.48	\$ 338.52	\$ 66.56	\$ 193.44	\$ 73.57	\$ 213.80
	Fam	\$ 2,448.00	66.0%	\$ 832.32	\$ 1,615.68	\$ 192.07	\$ 372.85	\$ 416.16	\$ 807.84	\$ 237.81	\$ 461.62	\$ 262.84	\$ 510.21
Tufts	Indiv.	\$ 1,290.00	74.6%	\$ 327.66	\$ 962.34	\$ 75.61	\$ 201.94	\$ 163.83	\$ 481.17	\$ 93.62	\$ 274.95	\$ 103.47	\$ 303.90
	Fam	\$ 3,377.00	63.8%	\$ 1,222.47	\$ 2,154.53	\$ 282.11	\$ 452.00	\$ 611.24	\$ 1,077.26	\$ 349.28	\$ 615.58	\$ 386.04	\$ 680.38
PPO Plan													
Insurance Carrier		FULL COST	Twn Contr.	Monthly (12)		Weekly (52)		Semi-Monthly (24)		Weekly (42)		Weekly (38)	
				Retiree/Emp	Town	Employee	Town	Employee	Town	Employee	Town	Employee	Town
Harvard Pilgrim	Indiv.	\$ 3,026.00	50%	\$ 1,513.00	\$ 1,513.00	\$ 349.15	\$ 349.15	\$ 756.50	\$ 756.50	\$ 432.29	\$ 432.29	\$ 477.79	\$ 477.79
	Fam	\$ 6,720.00	50%	\$ 3,360.00	\$ 3,360.00	\$ 775.38	\$ 775.38	\$ 1,680.00	\$ 1,680.00	\$ 960.00	\$ 960.00	\$ 1,061.05	\$ 1,061.05