

TOWN OF DEDHAM
26 & 52 PAYS HEALTH INSURANCE RATES
JULY 1, 2024 - JUNE 30, 2025

BENCHMARK PLANS			90/10			85/15			80/20			75/25			Increase / Decrease Percent	
			Town @ 90% Pays	Employee @ 10% Pays		Town @ 85% Pays	Employee @ 15% Pays		Town @ 80% Pays	Employee @ 20% Pays			Town @ 75% Pays	Employee @ 25% Pays		
		Monthly Premium	Monthly	Monthly	BiWeekly	Monthly	Monthly	BiWeekly	Monthly	Monthly	BiWeekly	Weekly	Monthly	Monthly	BiWeekly	
Harvard Pilgrim HMO	Individual	1,369.00	1,232.10	136.90	N/A	1,163.65	205.35	102.68	1,095.20	273.80	136.90	68.45	1,026.75	342.25	171.13	12.34%
	Family	3,569.00	3,212.10	356.90	N/A	3,033.65	535.35	267.68	2,855.20	713.80	356.90	178.45	2,676.75	892.25	446.13	12.34%
BC/BS Network Blue NE HMO	Individual	1,060.00	954.00	106.00	N/A	901.00	159.00	79.50	848.00	212.00	106.00	53.00	795.00	265.00	132.50	8.50%
	Family	2,854.00	2,568.60	285.40	N/A	2,425.90	428.10	214.05	2,283.20	570.80	285.40	142.70	2,140.50	713.50	356.75	8.50%
BC/BS Network Blue <u>Select</u> * HMO	Individual	987.00	888.30	98.70	N/A	838.95	148.05	74.03	789.60	197.40	98.70	49.35	740.25	246.75	123.38	8.50%
	Family	2,656.00	2,390.40	265.60	N/A	2,257.60	398.40	199.20	2,124.80	531.20	265.60	132.80	1,992.00	664.00	332.00	8.50%

* Provider and Hospital Networks are Limited

HIGH DEDUCTIBLE PLANS HSA Qualified			90/10			85/15			80/20			75/25			Increase / Decrease Percent	
			Town @ 90% Pays	Employee @ 10% Pays		Town @ 85% Pays	Employee @ 15% Pays		Town @ 80% Pays	Employee @ 20% Pays			Town @ 75% Pays	Employee @ 25% Pays		
		Monthly Premium	Monthly	Monthly	BiWeekly	Monthly	Monthly	BiWeekly	Monthly	Monthly	BiWeekly	Weekly	Monthly	Monthly	BiWeekly	
Harvard Pilgrim HMO	Individual	1,060.00	954.00	106.00	N/A	901.00	159.00	79.50	848.00	212.00	106.00	53.00	795.00	265.00	132.50	12.34%
	Family	2,767.00	2,490.30	276.70	N/A	2,351.95	415.05	207.53	2,213.60	553.40	276.70	138.35	2,075.25	691.75	345.88	12.34%
BC/BS Access Blue NE <u>Saver</u> HMO	Individual	893.00	803.70	89.30	N/A	759.05	133.95	66.98	714.40	178.60	89.30	44.65	669.75	223.25	111.63	8.50%
	Family	2,407.00	2,166.30	240.70	N/A	2,045.95	361.05	180.53	1,925.60	481.40	240.70	120.35	1,805.25	601.75	300.88	8.50%
BC/BS Network Blue <u>Select</u> * HMO	Individual	832.00	748.80	83.20	N/A	707.20	124.80	62.40	665.60	166.40	83.20	41.60	624.00	208.00	104.00	8.50%
	Family	2,244.00	2,019.60	224.40	N/A	1,907.40	336.60	168.30	1,795.20	448.80	224.40	112.20	1,683.00	561.00	280.50	8.50%

* New Plan: Provider and Hospital Networks are Limited

PPO INDEMNITY PLANS			50/50			Increase / Decrease Percent
		Monthly Premium	Town @ 50% Pays	Employee @ 50% Pays		
			Monthly	Monthly	BiWeekly	
Harvard Pilgrim PPO	Individual	3,399.00	1,699.50	1,699.50	849.75	12.34%
	Family	7,549.00	3,774.50	3,774.50	1,887.25	12.34%