TOWN OF BRAINTREE
EMPLOYEE GROUP HEALTH & DENTAL INSURANCE
SCHEDULE OF MONTHLY RATES
07/01/2015 through 06/30/2016

PROVIDER	TYPE OF PLAN	MONTHLY RATE EFF. 7/01/15	TOWN'S MONTHLY CONTRIB.	EMPLOYEE'S MONTHLY CONTRIBUTION		*EMPLOYEE'S 52 WEEK CONTRIBUTION*	*EMPLOYEE'S 42 WEEK CONTRIBUTION*	*EMPLOYEE'S BI WEEKLY CONTRIBUTION*
BCBS Master Medical	Individual (I)	$ 2,633.04	$ 1,316.52	50%	$ 1,316.52	*$ 303.81*	*$ 376.15*	*$ 607.62*
	Family (F)	$ 5,738.31	$ 2,869.16	50%	$ 2,869.16	*$ 662.11*	*$ 819.76*	*$ 1,324.23*
Blue Care Elect	Individual (I)	$ 1,629.91	$ 814.96	50%	$ 814.96	*$ 188.07*	*$ 232.84*	*$ 376.13*
	Family (F)	$ 3,813.62	$ 1,906.81	50%	$ 1,906.81	*$ 440.03*	*$ 544.80*	*$ 880.07*
Blue Care Elect Option 2	Individual (I)	$ 1,202.25	$ 601.13	50%	$ 601.13	*$ 138.72*	*$ 171.75*	*$ 277.44*
	Family (F)	$ 2,815.44	$ 1,407.72	50%	$ 1,407.72	*$ 324.86*	*$ 402.21*	*$ 649.72*
Network Blue	Individual (I)	$ 1,559.79	$ 1,029.46	34%	$ 530.33	*$ 122.38*	*$ 151.52*	*$ 244.77*
	Family (F)	$ 3,680.53	$ 1,877.07	49%	$ 1,803.46	*$ 416.18*	*$ 515.27*	*$ 832.37*
Network Blue Option 2	Individual (I)	$ 1,084.84	$ 715.99	34%	$ 368.85	*$ 85.12*	*$ 105.38*	*$ 170.24*
	Family (F)	$ 2,561.04	$ 1,306.13	49%	$ 1,254.91	*$ 289.59*	*$ 358.55*	*$ 579.19*
Harvard Pilgrim Health	Individual (I)	$ 1,074.69	$ 720.04	33%	$ 354.65	*$ 81.84*	*$ 101.33*	*$ 163.68*
	Family (F)	$ 2,820.51	$ 1,635.90	42%	$ 1,184.61	*$ 273.37*	*$ 338.46*	*$ 546.75*
Harvard Pilgrim Health Option 2	Individual (I)	$ 746.06	$ 499.86	33%	$ 246.20	*$ 56.82*	*$ 70.34*	*$ 113.63*
	Family (F)	$ 1,956.86	$ 1,134.98	42%	$ 821.88	*$ 189.66*	*$ 234.82*	*$ 379.33*
Delta Dental Premier	Individual (I)	$ 39.00						
	Family (F)	$ 97.00						
Delta Dental PPO	Individual (I)	$ 51.07						
	Family (F)	$ 145.80						