

TOWN OF BRAINTREE								
EMPLOYEE GROUP HEALTH & DENTAL INSURANCE								
SCHEDULE OF MONTHLY RATES								
07/01/2018 through 06/30/2019								
PROVIDER	TYPE OF PLAN	MONTHLY RATE EFF. 07/01/2018	TOWN'S MONTHLY CONTRIB.	EMPLOYEE'S MONTHLY CONTRIBUTION	EMPLOYEE'S BIWEEKLY CONTRIBUTION	EMPLOYEE'S 21 BIWEEKLY CONTRIBUTION	COBRA	
Blue Care Elect	Individual (I)	\$ 2,166.05	\$ 1,083.03	50%	\$ 1,083.03	\$ 499.86	\$ 618.87	\$ 2,209.38
	Family (F)	\$ 5,068.07	\$ 2,534.03	50%	\$ 2,534.03	\$ 1,169.55	\$ 1,448.02	\$ 5,169.43
Blue Care Elect	Individual (I)	\$ 1,331.93	\$ 665.97	50%	\$ 665.97	\$ 307.37	\$ 380.55	\$ 1,358.57
Option 2	Family (F)	\$ 3,119.11	\$ 1,559.55	50%	\$ 1,559.55	\$ 719.79	\$ 891.17	\$ 3,181.49
Network Blue	Individual (I)	\$ 2,072.87	\$ 1,368.09	34%	\$ 704.78	\$ 325.28	\$ 402.73	\$ 2,114.33
	Family (F)	\$ 4,891.21	\$ 2,494.51	49%	\$ 2,396.69	\$ 1,106.16	\$ 1,369.54	\$ 4,989.03
Network Blue	Individual (I)	\$ 1,201.85	\$ 793.22	34%	\$ 408.63	\$ 188.60	\$ 233.50	\$ 1,225.88
Option 2	Family (F)	\$ 2,837.28	\$ 1,447.01	49%	\$ 1,390.27	\$ 641.66	\$ 794.44	\$ 2,894.02
Harvard Pilgrim Health	Individual (I)	\$ 1,428.18	\$ 956.88	33%	\$ 471.30	\$ 217.52	\$ 269.31	\$ 1,456.75
	Family (F)	\$ 3,748.28	\$ 2,174.01	42%	\$ 1,574.28	\$ 726.59	\$ 899.59	\$ 3,823.25
Harvard Pilgrim Health	Individual (I)	\$ 826.52	\$ 553.77	33%	\$ 272.75	\$ 125.89	\$ 155.86	\$ 843.05
Option 2	Family (F)	\$ 2,167.91	\$ 1,257.39	42%	\$ 910.52	\$ 420.24	\$ 520.30	\$ 2,211.27
						BIWEEKLY	21 BIWEEKLY	
Delta Dental Premier	Individual (I)	\$ 39.00				\$ 18.00	\$ 22.29	
	Family (F)	\$ 97.00				\$ 44.77	\$ 55.43	
Delta Dental PPO	Individual (I)	\$ 53.08				\$ 24.50	\$ 30.33	
	Family (F)	\$ 150.27				\$ 69.36	\$ 85.87	