TOWN OF BRAINTREE
EMPLOYEE GROUP HEALTH & DENTAL INSURANCE
SCHEDULE OF MONTHLY RATES
7/1/2020 through 06/30/2021

PROVIDER	TYPE OF PLAN	MONTHLY RATE EFF. 7/1/20	TOWN'S MONTHLY CONTRIB.	EMPLOYEE'S MONTHLY CONTRIBUTION		EMPLOYEE'S BIWEEKLY CONTRIBUTION	EMPLOYEE'S 21 BIWEEKLY CONTRIBUTION	COBRA
Blue Care Elect	Individual (I)	$ 2,526.26	$ 1,263.13	50%	$ 1,263.13	$ 582.98	$ 721.79	$ 2,576.79
	Family (F)	$ 5,910.88	$ 2,955.44	50%	$ 2,955.44	$ 1,364.05	$ 1,688.82	$ 6,029.10
Blue Care Elect Option 2	Individual (I)	$ 1,475.38	$ 737.69	50%	$ 737.69	$ 340.47	$ 421.54	$ 1,504.89
	Family (F)	$ 3,455.04	$ 1,727.52	50%	$ 1,727.52	$ 797.32	$ 987.15	$ 3,524.14
Network Blue	Individual (I)	$ 2,417.59	$ 1,595.61	34%	$ 821.98	$ 379.38	$ 469.70	$ 2,465.94
	Family (F)	$ 5,704.61	$ 2,909.35	49%	$ 2,795.26	$ 1,290.12	$ 1,597.29	$ 5,818.71
Network Blue Option 2	Individual (I)	$ 1,331.29	$ 878.65	34%	$ 452.64	$ 208.91	$ 258.65	$ 1,357.91
	Family (F)	$ 3,142.86	$ 1,602.86	49%	$ 1,540.00	$ 710.77	$ 880.00	$ 3,205.71
Harvard Pilgrim Health	Individual (I)	$ 1,665.68	$ 1,116.01	33%	$ 549.68	$ 253.70	$ 314.10	$ 1,699.00
	Family (F)	$ 4,371.62	$ 2,535.54	42%	$ 1,836.08	$ 847.42	$ 1,049.19	$ 4,459.05
Harvard Pilgrim Health Option 2	Individual (I)	$ 915.53	$ 613.41	33%	$ 302.13	$ 139.44	$ 172.64	$ 933.84
	Family (F)	$ 2,401.40	$ 1,392.81	42%	$ 1,008.59	$ 465.50	$ 576.34	$ 2,449.43
						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	