

TOWN OF BRAINTREE
EMPLOYEE GROUP HEALTH & DENTAL INSURANCE
SCHEDULE OF MONTHLY RATES
7/1/2021 through 06/30/2022

PROVIDER	TYPE OF PLAN	MONTHLY RATE EFF. 7/1/21	TOWN'S MONTHLY CONTRIB.	EMPLOYEE'S MONTHLY CONTRIBUTION	EMPLOYEE'S BIWEEKLY CONTRIBUTION	EMPLOYEE'S 21 BIWEEKLY CONTRIBUTION	COBRA
Blue Care Elect	Individual (I)	\$ 2,753.62	\$ 1,376.81	50% \$ 1,376.81	\$ 635.45	\$ 786.75	\$ 2,808.70
	Family (F)	\$ 6,442.86	\$ 3,221.43	50% \$ 3,221.43	\$ 1,486.81	\$ 1,840.82	\$ 6,571.72
Blue Care Elect Option 2	Individual (I)	\$ 1,549.15	\$ 774.57	50% \$ 774.57	\$ 357.50	\$ 442.61	\$ 1,580.13
	Family (F)	\$ 3,627.79	\$ 1,813.90	50% \$ 1,813.90	\$ 837.18	\$ 1,036.51	\$ 3,700.35
Network Blue	Individual (I)	\$ 2,635.17	\$ 1,739.21	34% \$ 895.96	\$ 413.52	\$ 511.98	\$ 2,687.88
	Family (F)	\$ 6,218.02	\$ 3,171.19	49% \$ 3,046.83	\$ 1,406.23	\$ 1,741.05	\$ 6,342.39
Network Blue Option 2	Individual (I)	\$ 1,397.85	\$ 922.58	34% \$ 475.27	\$ 219.36	\$ 271.58	\$ 1,425.81
	Family (F)	\$ 3,300.00	\$ 1,683.00	49% \$ 1,617.00	\$ 746.31	\$ 924.00	\$ 3,366.00
Harvard Pilgrim Health	Individual (I)	\$ 1,815.59	\$ 1,216.45	33% \$ 599.14	\$ 276.53	\$ 342.37	\$ 1,851.90
	Family (F)	\$ 4,765.07	\$ 2,763.74	42% \$ 2,001.33	\$ 923.69	\$ 1,143.62	\$ 4,860.37
Harvard Pilgrim Health Option 2	Individual (I)	\$ 961.31	\$ 644.08	33% \$ 317.23	\$ 146.41	\$ 181.27	\$ 980.53
	Family (F)	\$ 2,521.47	\$ 1,462.45	42% \$ 1,059.02	\$ 488.78	\$ 605.15	\$ 2,571.90
Delta Dental Premier	Individual (I)	\$ 39.00			BIWEEKLY	21 BIWEEKLY	
	Family (F)	\$ 97.00			\$ 18.00	\$ 22.29	
Delta Dental PPO Plus Premier	Individual (I)	\$ 53.08			\$ 44.77	\$ 55.43	
	Family (F)	\$ 150.27			\$ 24.50	\$ 30.33	
					\$ 69.36	\$ 85.87	