Town of East Bridgewater
Insurance Rates - Employee and NON-MEDICARE Retiree/Survivor
Effective July 1, 2020

Health Product	Product Type	Coverage Type	Full Cost Premium	Employee Share	Employee Monthly Share	Payroll Deductions: TOWN Employee Weekly Share (48 Pays)	Payroll Deductions: School Employee Bi-weekly Share (24 Pays)	Payroll Deductions: School Employee School Year Share (21 Pays)
Fallon Health Direct Care	HMO	Individual	$ 618.59	30%	$ 185.58	$ 46.39	$ 92.79	$ 106.04
Fallon Health Direct Care	HMO	Family	$ 1,561.48	30%	$ 468.44	$ 117.11	$ 234.22	$ 267.68
Fallon Health Select Care	HMO	Individual	$ 836.19	30%	$ 250.86	$ 62.71	$ 125.43	$ 143.35
Fallon Health Select Care	HMO	Family	$ 2,033.04	30%	$ 609.91	$ 152.48	$ 304.96	$ 348.52
Harvard Pilgrim Independence Plan	POS	Individual	$ 917.18	40%	$ 366.87	$ 91.72	$ 183.44	$ 209.64
Harvard Pilgrim Independence Plan	POS	Family	$ 2,239.19	40%	$ 895.68	$ 223.92	$ 447.84	$ 511.81
Harvard Pilgrim Primary Choice Plan	HMO	Individual	$ 665.43	30%	$ 199.63	$ 49.91	$ 99.81	$ 114.07
Harvard Pilgrim Primary Choice Plan	HMO	Family	$ 1,697.02	30%	$ 509.11	$ 127.28	$ 254.55	$ 290.92
Health New England	HMO	Individual	$ -	30%	$ -	$ -	$ -	$ -
Health New England	HMO	Family	$ -	30%	$ -	$ -	$ -	$ -
AllWays Health Partners (FKA Neighborhood Health Plan)	HMO	Individual	$ 687.87	30%	$ 206.36	$ 51.59	$ 103.18	$ 117.92
AllWays Health Partners (FKA Neighborhood Health Plan)	HMO	Family	$ 1,789.45	30%	$ 536.84	$ 134.21	$ 268.42	$ 306.76
Tufts Health Plan Navigator	POS	Individual	$ 799.04	40%	$ 319.62	$ 79.90	$ 159.81	$ 182.64
Tufts Health Plan Navigator	POS	Family	$ 1,951.46	40%	$ 780.58	$ 195.15	$ 390.29	$ 446.05
Tufts Health Plan Spirit	HMO-Type	Individual	$ 606.68	30%	$ 182.00	$ 45.50	$ 91.00	$ 104.00
Tufts Health Plan Spirit	HMO-Type	Family	$ 1,461.55	30%	$ 438.47	$ 109.62	$ 219.23	$ 250.55
UniCare State Indemnity Plan/Basic with CIC	Indemnity	Individual	$ 1,163.76	50%	$ 581.88	$ 145.47	$ 290.94	$ 332.50
UniCare State Indemnity Plan/Basic with CIC	Indemnity	Family	$ 2,582.71	50%	$ 1,291.36	$ 322.84	$ 645.68	$ 737.92
UniCare State Indemnity Plan/Basic without CIC	Indemnity	Individual	$ 1,107.42	50%	$ 553.71	$ 138.43	$ 276.86	$ 316.41
UniCare State Indemnity Plan/Basic without CIC	Indemnity	Family	$ 2,454.41	50%	$ 1,227.21	$ 306.80	$ 613.60	$ 701.26
UniCare State Indemnity Plan/Community Choice	PPO-Type	Individual	$ 552.57	40%	$ 221.03	$ 55.26	$ 110.51	$ 126.30
UniCare State Indemnity Plan/Community Choice	PPO-Type	Family	$ 1,368.05	40%	$ 547.22	$ 136.81	$ 273.61	$ 312.70
UniCare State Indemnity Plan/PLUS	PPO-Type	Individual	$ 723.74	40%	$ 289.50	$ 72.37	$ 144.75	$ 165.43
UniCare State Indemnity Plan/PLUS	PPO-Type	Family	$ 1,722.50	40%	$ 689.00	$ 172.25	$ 344.50	$ 393.71
Altus Dental	Dental	Individual	$ 45.36	50%	$ 22.68	$ 5.67	$ 11.34	$ 12.96
Altus Dental	Dental	Family	$ 118.25	50%	$ 59.13	$ 14.78	$ 29.56	$ 33.79
Boston Mutual	Life		$ 5.95	50%	$ 2.98	$ 0.74	$ 1.49	$ 1.70

***All rate questions should be directed to the Treasurer's Office ~ Call (508) 378-1604 ***