TOWN OF BRAINTREE
EMPLOYEE GROUP HEALTH & DENTAL INSURANCE
SCHEDULE OF MONTHLY RATES
07/01/2016 through 06/30/2017

PROVIDER	TYPE OF PLAN	MONTHLY RATE EFF. 7/01/16	TOWN'S MONTHLY CONTRIB.		EMPLOYEE'S MONTHLY CONTRIBUTION	EMPLOYEE'S 52 WEEK CONTRIBUTION	EMPLOYEE'S 42 WEEK CONTRIBUTION	EMPLOYEE'S BI WEEKLY CONTRIBUTION
Blue Care Elect	Individual (I)	$ 1,874.40	$ 937.20	50%	$ 937.20	$ 216.28	$ 267.77	$ 432.55
	Family (F)	$ 4,385.66	$ 2,192.83	50%	$ 2,192.83	$ 506.04	$ 626.52	$ 1,012.08
Blue Care Elect Option 2	Individual (I)	$ 1,334.50	$ 667.25	50%	$ 667.25	$ 153.98	$ 190.64	$ 307.96
	Family (F)	$ 3,125.14	$ 1,562.57	50%	$ 1,562.57	$ 360.59	$ 446.45	$ 721.19
Network Blue	Individual (I)	$ 1,793.76	$ 1,183.88	34%	$ 609.88	$ 140.74	$ 174.25	$ 281.48
	Family (F)	$ 4,232.61	$ 2,158.63	49%	$ 2,073.98	$ 478.61	$ 592.57	$ 957.22
Network Blue Option 2	Individual (I)	$ 1,204.17	$ 794.75	34%	$ 409.42	$ 94.48	$ 116.98	$ 188.96
	Family (F)	$ 2,842.77	$ 1,449.81	49%	$ 1,392.96	$ 321.45	$ 397.99	$ 642.90
Harvard Pilgrim Health	Individual (I)	$ 1,235.88	$ 828.04	33%	$ 407.84	$ 94.12	$ 116.53	$ 188.23
	Family (F)	$ 3,243.58	$ 1,881.28	42%	$ 1,362.30	$ 314.38	$ 389.23	$ 628.76
Harvard Pilgrim Health Option 2	Individual (I)	$ 828.13	$ 554.85	33%	$ 273.28	$ 63.07	$ 78.08	$ 126.13
	Family (F)	$ 2,172.11	$ 1,259.82	42%	$ 912.29	$ 210.53	$ 260.65	$ 421.06
Delta Dental Premier	Individual (I)	$ 39.00						
	Family (F)	$ 97.00						
Delta Dental PPO	Individual (I)	$ 51.07						
	Family (F)	$ 145.80						