



TOWN OF MEDWAY
COMMONWEALTH OF MASSACHUSETTS

ACTIVE EMPLOYEE HEALTH & DENTAL RATES

Effective July 1, 2021

HARVARD PILGRIM HEALTHCARE

Employee Rates:

<u>Plan</u>		25%	30%
HMO (24 pay periods)	Individual	\$117.42	\$140.90
	Individual + 1	\$237.06	\$284.48
	Family	\$343.44	\$412.13
HMO (21 pay periods)	Individual	\$134.19	\$161.03
	Individual + 1	\$270.93	\$325.11
	Family	\$392.51	\$471.01
HMO (19 pay periods)	Individual	\$148.32	\$177.98
	Individual + 1	\$299.45	\$359.34
	Family	\$433.82	\$520.59
		40%	
PPO (24 pay periods)	Individual	\$381.06	
	Individual + 1	\$769.35	
	Family	\$1,114.59	
PPO (21 pay periods)	Individual	\$435.49	
	Individual + 1	\$879.26	
	Family	\$1,273.82	
PPO (19 pay periods)	Individual	\$481.33	
	Individual + 1	\$971.82	
	Family	\$1,407.90	



TOWN OF MEDWAY
COMMONWEALTH OF MASSACHUSETTS

DELTA DENTAL PLUS PREMIER PLAN

Employee Rates:

Plan

Delta Dental <i>(24 pay periods)</i>	Individual	\$25.40
	Family	\$73.56
Delta Dental <i>(21 pay periods)</i>	Individual	\$29.03
	Family	\$84.07
Delta Dental <i>(19 pay periods)</i>	Individual	\$32.08
	Family	\$92.92