



TOWN OF MEDWAY
COMMONWEALTH OF MASSACHUSETTS

ACTIVE EMPLOYEE HEALTH & DENTAL RATES

Effective July 1, 2023

Massachusetts Strategic Health Group

Employee Rates:

<u>Plan</u>		25%	30%
HMO	Individual	\$120.94	\$145.13
<i>(24 pay periods)</i>	Individual + 1	\$244.17	\$293.01
	Family	\$353.75	\$424.49
HMO	Individual	\$138.22	\$165.86
<i>(21 pay periods)</i>	Individual + 1	\$279.06	\$334.87
	Family	\$404.28	\$485.14
HMO	Individual	\$152.76	\$183.32
<i>(19 pay periods)</i>	Individual + 1	\$308.43	\$370.12
	Family	\$446.84	\$536.20
		40%	
PPO	Individual	\$392.49	
<i>(24 pay periods)</i>	Individual + 1	\$792.43	
	Family	\$1,148.03	
PPO	Individual	\$448.56	
<i>(21 pay periods)</i>	Individual + 1	\$905.64	
	Family	\$1,312.03	
PPO	Individual	\$495.77	
<i>(19 pay periods)</i>	Individual + 1	\$1,000.97	
	Family	\$1,450.14	



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DELTA DENTAL PLUS PREMIER PLAN

Employee Rates:

Plan

Delta Dental <i>(24 pay periods)</i>	Individual	\$23.87
	Family	\$69.14
Delta Dental <i>(21 pay periods)</i>	Individual	\$27.28
	Family	\$79.02
Delta Dental <i>(19 pay periods)</i>	Individual	\$30.15
	Family	\$87.33