



TOWN OF MEDWAY
COMMONWEALTH OF MASSACHUSETTS

ACTIVE EMPLOYEE HEALTH & DENTAL RATES

Effective July 1, 2020

HARVARD PILGRIM HEALTHCARE

Employee Rates:

<u>Plan</u>		25%	30%
HMO (24 pay periods)	Individual	\$108.32	\$129.98
	Individual + 1	\$218.69	\$262.43
	Family	\$316.83	\$380.19
HMO (21 pay periods)	Individual	\$123.79	\$148.55
	Individual + 1	\$249.93	\$299.92
	Family	\$362.09	\$434.51
HMO (19 pay periods)	Individual	\$136.82	\$164.19
	Individual + 1	\$276.24	\$331.49
	Family	\$400.20	\$480.25
		40%	
PPO (24 pay periods)	Individual	\$351.53	
	Individual + 1	\$709.74	
	Family	\$1,028.22	
PPO (21 pay periods)	Individual	\$401.75	
	Individual + 1	\$811.13	
	Family	\$1,175.11	
PPO (19 pay periods)	Individual	\$444.04	
	Individual + 1	\$896.51	
	Family	\$1,298.80	



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	\$29.02
	Family	\$84.06
Delta Dental <i>(19 pay periods)</i>	Individual	\$32.08
	Family	\$92.91