

Town of Marshfield
FY2019 Insurance Rates July 1,2018 to June 30,2019

Blue Cross Blue Shield of Massachusetts	Employee Share	2018 Employee Monthly Rate	2019 Employee Monthly Rate	26 Pay Periods	21 Pay Periods	20 Pay Periods	EE Annual Amount
Network Blue Rate Saver Individual	50%	397.00	415.00	191.54	237.14	249.00	4,980.00
Network Blue Rate Saver Family	50%	1,058.50	1,106.00	510.46	632.00	663.60	13,272.00
Network Blue Benchmark Individual	50%	366.50	383.00	176.77	218.86	229.80	4,596.00
Network Blue Benchmark Family	50%	975.50	1,019.50	470.54	582.57	611.70	12,234.00
Blue Care Elect PPO Rate Saver Individual	50%	578.00	604.00	278.77	345.14	362.40	7,248.00
Blue Care Elect PPO Rate Saver Family	50%	1,369.50	1,431.00	660.46	817.71	858.60	17,172.00
Blue Care Elect PPO Benchmark Individual	50%	519.00	542.50	250.38	310.00	325.50	6,510.00
Blue Care Elect PPO Benchmark Family	50%	1,230.50	1,286.00	593.54	734.86	771.60	15,432.00
Medex (Retirees Only)	50%	187.00	187.00	Through December 2018			2,244.00

Harvard Pilgrim Health Care	Employee Share	2018 Employee Monthly Rate	2019 Employee Monthly Rate	26 Pay Periods	21 Pay Periods	20 Pay Periods	EE Annual Amount
HPHC Rate Saver Individual	50%	428.50	449.50	207.46	256.86	269.70	5,394.00
HPHC Family	50%	1,140.50	1,196.50	552.23	683.71	717.90	14,358.00
HPHC Benchmark Individual	50%	403.50	423.50	195.46	242.00	254.10	5,082.00
HPHC Benchmark Family	50%	1,075.00	1,127.50	520.38	644.29	676.50	13,530.00

Dental Plans	Employee Share	2018 Employee Monthly Rate	2019 Employee Monthly Rate	26 Pay Periods	21 Pay Periods	20 Pay Periods	EE Annual Amount
DMS Network							
Individual	100%	24.10	24.10	11.12	13.77	14.46	289.20
Individual plus One	100%	43.40	43.40	20.03	24.80	26.04	520.80
Family	100%	63.60	63.60	29.35	36.34	38.16	763.20
Delta Dental Low Option							
Individual	100%	40.00	40.00	18.46	22.86	24.00	480.00
Family	100%	98.00	98.00	45.23	56.00	58.80	1,176.00
Delta Dental High Option							
Individual	100%	48.00	53.00	24.46	30.29	31.80	636.00
Family	100%	123.00	134.00	61.85	76.57	80.40	1,608.00

Life Insurance	Employee Share	Life/ AD&D	2018 Employee Monthly Rate	2019 Employee Monthly Rate	26 Pay Periods	21 Pay Periods	20 Pay Periods	EE Annual Amount
Basic Life Life	50%	15,000	5.85	5.85	2.70	3.34	3.51	70.20
Voluntary Group Life	100%							
		5,000	1.85	1.85	0.85	1.06	1.11	22.20
		10,000	3.70	3.70	1.71	2.11	2.22	44.40
<i>Coverage reduces to \$7,500 upon employee's retirement and then terminates at age 75.</i>		15,000	5.55	5.55	2.56	3.17	3.33	66.60
		20,000	7.40	7.40	3.42	4.23	4.44	88.80
		25,000	9.25	9.25	4.27	5.29	5.55	111.00
		30,000	11.10	11.10	5.12	6.34	6.66	133.20
		35,000	12.95	12.95	5.98	7.40	7.77	155.40
		40,000	14.80	14.80	6.83	8.46	8.88	177.60
		45,000	16.65	16.65	7.68	9.51	9.99	199.80
<i>Guaranteed issue = \$50,000</i>		50,000	18.50	18.50	8.54	10.57	11.10	222.00
		55,000	20.35	20.35	9.39	11.63	12.21	244.20
		60,000	22.20	22.20	10.25	12.69	13.32	266.40
		65,000	24.05	24.05	11.10	13.74	14.43	288.60
		70,000	25.90	25.90	11.95	14.80	15.54	310.80
Basic Life Life (Retirees On	50%	7,500	2.93	2.93				35.16

For more information on any of the provided benefits, please see www.youville.com or contact the Benefits Office 781-834-5582.